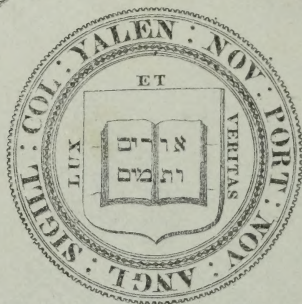






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EDITED BY J. V. C. SMITH, M.D.

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VOLUME XLVII.

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DAVID CLAPP, PUBLISHER AND PROPRIETOR,  
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1853.

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M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.,  
Boston, and communicated for the *Boston Medical and Surgical Journal*.

SECOND LETTER.

MY DEAR FRIEND,—I am not writing a didactic work ; I have a great desire so to do, but you know that at this moment I am not able. I address you some letters familiarly written, and for which I ask all the privileges of the epistolary form—that is to say, freedom of style and spontaneousness of thought. Therefore, that which I have not said in my preceding letter, I shall say unceremoniously in this, without a too rigid adherence to plan, method and other restraints of composition, elsewhere so useful.

In order that my first letter should be complete in the rapid sketch of the attempts made in experimentation, I ought not to omit to bring to mind the fact of the attempts at inoculation of syphilis from man upon animals. Either to avoid the inconveniences which could result from the inoculation practised upon man himself, or to resolve the curious problem of the transmission of syphilis to animals, Hunter and Turnbull had already attempted in vain this inoculation from man to animals. I have repeated all those experiments, and have arrived at the same negative results. However, lately a young and industrious fellow-laborer, M. Auzias Turenne, has repeated these experiments, has varied them, has employed other methods than those which were known, and he has thought to have arrived at the experimental demonstration of the transmissibility of syphilis from man to certain animals. It was my duty, then, to renew these experiments, and I was convinced anew that syphilis was decidedly not communicable to animals, and that the facts as stated by M. Auzias were illusory. M. Cullerier, at the Hospital "de Lourcine," has studied this subject with much care, and has arrived at the same conclusions as myself. My colleague, M. Vidal (de Cassis), has experimented in his turn, with I believe the same results.

The direct observation, the experimentation upon the patient himself, were then the only sources to which I could have recourse ; to these alone, then, I resolved to apply myself.

It was necessary, first, to seek a sure source from which I could draw the principle, towards the research of which, I wished to direct all my

investigations. One could no longer rely upon the stories of patients ; it was necessary, also, to avoid the objections justly brought against the experiments of Hunter and of Harrison, against the facts stated by Bell, against the experiments of Hernandez ; and for this purpose, I first endeavored to well ascertain the state of the tissues from which I took the principle reputed specific.

It was no longer enough, as Petronius formerly said, that a woman should be considered *diseased* ; it would no longer do, to take at hazard a morbid secretion coming from the genital organs of the woman, and to make of it, according to the picturesque expression of Alexander Benedictus, a venereal dye, throwing a uniform color upon all the accidents which could result from it. No, the scientific tendencies of the minds of my day, and the demands of my own conscience, required of me the employment of a method more authentic and of proceedings more rigid.

I do not wish to lay stress upon the facility with which effects were drawn from the cause. But who would not be surprised, that in a question like that of venereal maladies, where ignorance and *fraud*, according to the expressions of Hunter, are such frequent sources of error—that in a disease which above all, and almost always, is a flagrant proof of immorality, the observers, even the most judicious, should so often trust to the reports of patients, and invoke without ceasing the moral worth of the testimony.

The testimony ! under such circumstances, is there anything more deceptive ? and especially as regards women ? Let me cite to you two little examples, where you will see one of the most strict observers caught in the snare of feminine testimony.

Babington wishes to destroy this law laid down by Hunter, that when there is neither pus nor puriform secretion, the disease cannot be communicated ; so that the infection is not possible before the appearance of a gonorrhœa or after the cicatrization of a chancre. “ This conclusion is not without danger,” says Babington, “ which one can see from the following facts, which are far from being rare.”

“ A married woman was taken with the ordinary symptoms of gonorrhœa, which much surprised her, as her husband was free from all disease. However, the husband having been questioned, confessed that he had had relations with a suspected woman, about eight days before his wife perceived herself diseased, but he positively affirmed that he had had no discharge, nor any morbid sensation, and certainly he offered no symptoms of disease. At the end of four days, that is to say, about fifteen days after the impure connection, and one week after the time when he should have communicated the disease to his wife, a gonorrhœal discharge manifested itself in him.

“ A traveller exposed himself to the risks of a syphilitic infection, and arrived home at the end of three days. About four days after his arrival, his wife was attacked with gonorrhœa. It was not till ten days after the infection that he perceived, for the first time a discharge ; and that he was attacked by the other symptoms of gonorrhœa.”—(John Hunter's complete works, vol. xi., page 167. Notes by Babington.)

If, in presence of similar facts, Babington had not sought to obtain



more complete confessions (there are some confessions that women never make, even, as I have had the opportunity of too often seeing, under the fear of the greatest dangers), but had assured himself by a rigid inspection of the true state of things, he would have seen that in these cases the infecting cause was not in the genital organs of the candid husbands.

It was not, then, possible to think of basing any pathological truth whatever, in syphilis, upon the morality of the testimony of the patients. I had no longer confidence in the doctrines and in the facts based upon recitals of this kind. It was necessary to be removed from the mysteries of the "*alcove*," to bring to the light of experimentation the principle which I wished to find. This principle—where ought I first to seek for it? At its source; that is to say, in the genital organs of the woman, in their external portions as well as in their deepest folds. Chance was propitious for me. The Hospital "*du Midi*" then received the unhappy beings that the dispensary sent there.

Here you will permit me to recall, my dear friend, that before my entrance into the Hospital *du Midi*, the manner of examining a woman consisted in making her sit upon the border of a chair, in separating the external genital organs, and if no lesion of the tissue was found, every morbid secretion coming from higher up, was invariably considered as a blennorrhagic discharge. At the circle of the vulva my predecessors appeared to have placed the columns of Hercules of chancre. I could not, nor ought I, to have been satisfied with this superficial and incomplete examination. We were at no great distance from the time when M. Recamier had so fortunately exhumed the *speculum* from the surgical armentarium. You are aware of the happy applications that this celebrated practitioner had made of it, in the diagnosis of diseases of the uterus. But this valuable instrument had not as yet been applied to the diagnosis of syphilitic diseases; its employment, even in these cases, appeared and was reported to be contra-indicated. I did not pay any attention to this widely-spread opinion. I made a general use, on the contrary, of the *speculum* upon all the women in my wards.

I do not know if posterity will partake of the opinion of one of my learned critics, who reduced to a very small compass that which I had to do in syphilopathy. However, my dear friend, when I call to mind the profound obscurity which enveloped the diagnosis of syphilitic diseases before the application of the *speculum*—when I compare the embarrassment of practitioners of that epoch in settling upon their opinion, with the truly wonderful facility of modern practitioners in giving an undeniable diagnosis; when the recollection of all the services that the *speculum* has already rendered to this part of practice comes to my mind, I think, that should my participation in its progress be thus limited, this opinion might appear rather severe. The employment of the *speculum* permitted me to examine with great care all the surfaces venereally affected, and to ascertain with precision the condition of the tissues which furnished the secretions.

These conditions established, I had to study all the accidents reputed venereal, and comparatively with other morbid secretions.

I commenced with blennorrhagia. You understand, my dear friend,

that I ought to suppose the state of the question, at the time when I undertook my experiments concerning blennorrhagia, to be perfectly understood by my readers. Once more, I do not here write volumes with a complete history, but a simple and concise exposition of facts which belong to me.

I sought to resolve by experimentation that problem already differently resolved, by the observation which you know—Does blennorrhagia recognize a specific cause?

Hunter had taught that the pus of a chancre inoculated produced chancre. If blennorrhagia recognizes a specific cause, said I to myself, the muco-pus which it secretes, being inoculated, will produce without doubt phenomena similar to those which pus coming from a chancre produces.

But to well ascertain the result, to isolate it from every complication, and from every cause of error, it was necessary first to inoculate the muco-pus coming from perfectly simple blennorrhagias; it was necessary to take this muco-pus from tissues completely free from all ulceration; and you see how valuable the employment of the speculum was to me. Without it, these experiments were not possible.

Now these first experiments, made in great number, and a long time continued with perseverance, conducted me to this first fundamental result, which I here give in the form of a proposition.

#### PROPOSITION.

*Every time that the muco-pus has been taken from a mucous surface not ulcerated, the results of the inoculation have been negative.*

All experimenters who have followed me in this course have arrived at the same conclusion; and this, whatever has been the period of the blennorrhagia in which the experimentation has been made. Thus, it is with great surprise that I have read in your Journal the following passage, where, M. Vidal, in his *letters upon syphilitic inoculation*, reproaches inoculation for being very often fruitless in the question of blennorrhagia; "In fact," says my learned colleague, "a distinguished Interne, M. Bigot, has tried, under the observation of M. Puche, physician at the Hospital du Midi, sixty-eight inoculations with muco-pus coming from the urethra, and these sixty-eight inoculations have been followed by no result." I am astonished at the surprise of M. Vidal. These sixty-eight negative inoculations conform entirely to the facts which I have before advanced; they confirm and corroborate my opinion upon the rarity of *syphilitic* blennorrhagia; and when my opposer asks you—"Do you believe that of these sixty-eight blennorrhagia there were none, where virus was present, no one that contained the seeds of a verole?" answer him confidently, no; and for this reason, that the inoculation has been negative.

A logician as skilful and as exact as M. Vidal, could not be prevented from perceiving that the results of experimentation, upon whatever subject exercised, are either positive or negative, but that scientifically speaking, the negative results are no less valuable than the positive. The inoculation of vaccine does not give rise to any phenomenon upon



those subjects who have already had the variola ; is that saying that the negative result is without importance and without consequences ?

But we shall soon see how much value and force these negative results have derived from the positive results of inoculation. I notice, in passing, a first objection which will at a later period find its complete refutation. Some writers on syphilis have thought with Hunter that blennorrhagia was a form of syphilis peculiar to mucous membranes. I confine myself for the moment to remarking that the experiments before indicated destroy entirely this opinion ; we shall see later that the virulent virus of chancre, placed upon a mucous surface, produces there, in every respect, the chancre.

From experiments shown, I shall draw this conclusion.

#### CONCLUSION.

*The blennorrhagia, of which the muco-pus being inoculated, gives rise to no result, does not recognize the syphilitic virus as cause.*

This conclusion, as you know, has given rise to numerous and grave objections. But I fear that you cannot to-day afford me sufficient room to undertake the refutation and exposition of these. This will be, with your permission, the subject of my third letter. Yours, &c.

RICORD.

#### CURVATURES OF THE SPINE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the number of your Journal for the 3d of March last, I made some remarks upon curvatures of the spine, and a brief notice of an apparatus invented by me for the treatment of all those diseases of the spinal column that require mechanical support. At the close of that article, I promised, in a future number, to give a drawing, showing the lateral distortion in several cases, at the time my apparatus was applied. In number 3 of the drawing there is a dotted line showing the lateral deviation at the time of the account. The others required no second drawing, as they were brought into their normal position.

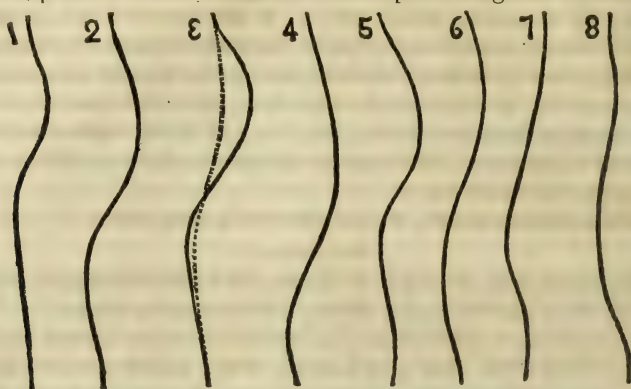
For reasons without my control, this article has been delayed much longer than was anticipated. In consequence of some feeling on the part of patients, the names have been omitted.

No. 1.—Miss ———, Providence, R. I., aged 14 ; double curve, of two years' standing, figure slight, countenance pale, of a spare habit of body ; under treatment in the institution seven weeks ; spine was carried over three quarters of an inch, producing an actual curvature, perfect in all its parts, in the opposite direction from the original one ; general health good ; gained some flesh ; has healthy color of cheeks. Immediately after being brought into this condition, she went home, took off her apparatus, and lost all she had gained. It has been applied since, and I understand she is improving, although she is attending school. She has not, however, been under my immediate supervision since the first seven weeks.

This case fully illustrates how readily the best results can be prevent-



ed by neglect, or error of judgment, on the part of the patient or friends. From the time it required to bring the spine straight, it is probable that two or three weeks special exercise would have enabled her to have dispensed with the apparatus entirely, and retained a perfect figure.



No. 2.—Miss ———, South Coventry, Conn., aged 16. Curve of five years' standing; general health good; muscular system very fully developed, in consequence of the exercise she had been taking, while under the charge of Dr. Brown, of Boston. She was wearing his corsets when she came under my care. This patient remained with me between four and five months; she was brought nearly straight, went home, and by the advice of her parents (because she was not so ruddy as formerly) adopted her former exercises, and lost in a few months, to appearance, all she had gained; although such cases, if taken soon after, can be restored more easily than at first. She afterwards returned to the institution, and remained three months, during which time I was enabled to remove entirely the upper curve, and there remained but a slight deviation in the lower. Two months more would probably have entirely restored her; but friends are very apt to think that the patient "is so very nearly restored, they can keep the apparatus in its place," &c., and perfect the cure without any difficulty. They soon find themselves, however, in the condition of the mariner, who thinks because he can steer a ship, he could make a successful voyage, though entirely unacquainted with navigation.

No. 3.—Miss ———, Boston, Mass., aged 16. Curve of eleven years' standing; short in stature; countenance indicating constitutional suffering from the great deformity. Has an only sister with a curvature.\* By reference to the draft (No. 3) it will be perceived that only the lateral curve is given, while the posterior one, or the gyration of the body, cannot be shown; this in many cases occasions as great a deformity as the former. In this patient, the angle of the ribs on the left side, instead of being in the usual place, was in front of the head of the humerus; the spine in the dorsal region being turned quite a quarter of a circle. To persons unaccustomed to examine bad cases of lateral curvature, this

\* It is desirable that a plaster cast should be taken of each case, but the circumstances to which it subjects a female render it objectionable.

portion of the distortion would hardly be credited. In this case the inferior portion of the *right* scapula projected (taking a line at right angles with the natural position of the face at the point of departure) full four inches beyond the *left*; this, together with the lateral deviation, produced a most extreme deformity. I would remark, in this connection, that this twist in the spinal column does not change in the same proportion that the lateral curve does; as a general rule, the spine must be, not only brought straight, but carried over in the opposite direction, before it will be entirely overcome. This gyration is a necessary, a mechanical consequence of a lateral curve in the dorsal region, and carrying it over to the opposite side will not only overcome it, but eventually produce a twist the other way. At the time the dotted draft (No. 3) was taken, the patient had been in the institution eight months, six of which had been spent in treatment. The dotted line indicates the lateral deviation at this time, yet the gyration of the body is so much greater in proportion, the restoration of the lateral curve does not appear so great as it really is.

This patient has gained, in height, between two and three inches, all of which is between the head and pelvis. It can be readily conceived, from so great a change in the length of the waist of a short person, that previously there must have been but little distance between the axilla and the crest of the ileum. It is now in good proportion with her general figure. Her health is good, her countenance has lost that haggard, distressed appearance it had formerly, and has put on the glow and freshness of youth; the color of the skin indicates a free and healthy condition of the lungs. She commenced treatment under unfavorable circumstances, having been under the care of different physicians and instrument makers, for five years previous, during which time she had become so obstinately, as well as hideously deformed, that she had lost, almost necessarily, not only confidence in treatment, but in the word of those who professed to treat such cases, as she had been promised a cure I believe in every instance.

From the favorable results of treatment thus far, and the confidence engendered in the patient and her parents, I trust she will remain in the institution until she is cured.

No. 4.—Miss ———, Fitchburg, Mass., aged 15 years. Curve of four years' standing; general health good. In this case the bony structure appeared to be the cause of the curvature; the right side of the thorax, when measured from the spine, was one inch less in diameter than the left; giving the muscles of the left side, attached to the ribs, this amount, or advantage of leverage over the right. I could not ascertain that she ever had suffered from pneumonia or pleurisy, neither could I perceive upon examination any disease of the lung. Where grave disease of one lung occurs in childhood, and it does not fully recover its function, that half of the thorax will remain smaller in proportion, and I have known curvatures to date from such disease. By reference to draft No. 4, the curve will be found quite uniform between the head and the lower lumbar vertebræ. In three months I was enabled to carry the spine three quarters of an inch to the opposite side. Whether



she will eventually so far recover an equilibrium of the support of the spinal column, as to be able to dispense with the apparatus, is somewhat uncertain. It is to be hoped, however, that the future development of the body will be more equal, and thus eventually remedy the evil; yet if she should be under the necessity of wearing the apparatus continually, it will be no real inconvenience, as it requires but slight pressure to retain her form erect, and give her a good figure, which to a young lady is no light consideration.

No. 5.—Miss ———, Providence, R. I., aged 8 years. Curve congenital, or supposed to be, having been discovered in early infancy. She had been in Boston a year or more, at an institution for the treatment of curvatures of the spine, and was thought by the physician to be cured, but it was soon perceived that she was growing as deformed as before treatment. By the advice of my friend, Dr. Miller, of Providence (to whom I am greatly indebted, not only for the interest he has manifested in the introduction and success of my apparatus, but for the more positive assurance of his confidence by sending me some thirty patients), her parents brought her out to me. Before the apparatus was applied, she was attacked with dysentery. Upon her recovery, the deformity was found to be much greater than before her sickness. In less than three months she returned home with her spine curved in the opposite direction, and she became the image of health. Children can be restored much more easily than adults, and parents should not delay treatment, whenever they discover any deviation of the spinal column from its normal state.

No. 6.—Mrs. ———, Fitchburg, Mass., aged 45. Curve has existed thirty-five years. She has had three daughters afflicted with this disease; the youngest, aged 15, was cured by me, and has not worn any apparatus since July, 1851; her spine is perfectly straight, and there appears to be no tendency to a return of the difficulty. By reference to the drawing No. 6, the curve will be found towards the left side of the body; and in the lumbar vertebræ, the surfaces of which are very large, and the ligaments strong in proportion. For these reasons any deformity in this locality, must necessarily be very difficult to overcome, and in this case there was superadded, the great length of time the curve had existed, and the age of the patient. She had on Dr. Abbe's corsets, which she had worn eight years; she was likewise under the necessity of wearing a false hip, not only to improve her figure, but to sustain her clothes. When she left the institution there was but a slight deviation of one of the vertebræ; her figure was good, no deformity could be perceived when dressed, although she wore no padding.

In cases with so many difficulties to overcome, it requires a great amount of pressure, and that steadily and long continued; it is, in fact, all that flesh can endure.

No. 7.—Miss ———, Providence, R. I., aged 7 years. Curve of one year's standing; general health not good; had recently recovered from sickness; has complained of pain at lower part of sternum and pit of stomach for some time. These symptoms were removed upon the application of the apparatus. She wore it but five weeks, three of

which were spent with me, since which time she has been without any support, and retains her form perfectly. General health good, and the restoration appears to be permanent.

No. 8.—Miss ———, Fall River, Mass., aged 22. Curve first perceived when about 5 years of age; general health has been poor for several years; there is extreme tenderness over the whole extent of the spinal column. The apparatus brought her spine up in two months; she returned home, and continues to wear it, although her health is not good. She should have remained with me some time longer, as such patients, suffering as they do from other diseases, are apt to become discouraged, and attribute a portion of their ill health to the apparatus, when in reality they are relieved by it, or even it may be absolutely essential to their recovery.

In the above abridged report of cases, I have not followed the usual method, but have interspersed them with some thoughts that were suggested at the time, feeling that their applicability would be more apparent in connection with the facts detailed. I could have selected a set of cases, that would have appeared to the superficial reader, perfectly triumphant; but this was not my object, which was first to show the adapt-  
edness of the principles of my apparatus to the different varieties of curvatures, and, also, the difficulties and hindrances encountered, that are uncontrollable by the surgeon. In some of the above cases, if the whole time spent in treatment had been continuous, the patient could have dispensed with all support; but during the interval they lost much of the benefit derived from the apparatus, and then, upon the second trial, instead of accomplishing a cure, they just stop short of it. Every surgeon can appreciate these difficulties, and knows how exceedingly trying they are to his feelings.

I have made no mention of any cases with caries of the vertebræ. The effect of treatment, in not only restoring the health, but the form, is as satisfactory in these as in lateral distortions. If time would permit, I could give the details of some most interesting cases of recovery, in some of which there was perfect paralysis of the lower extremities, in another the amount of diseased surface was so great as to produce large abscesses on both sides, destroying the connection of one rib with the vertebra upon each side of the spine, leaving them pressing against the skin. If the patience of your readers will permit it, in a future number I will give a few cases of caries.

HENRY G. DAVIS.

Millbury, Mass., July 26, 1852.

#### ACUTE LARYNGITIS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Enclosed you have an exceedingly graphic account of a very interesting case, which you are at liberty to present to the profession should you deem it worthy of publication.

The extreme asphyxia, verging on death, presented to the surgeon, the primary operation, its absolute success and efficiency, and the *length*



of time which the tube has been worn with apparent impunity to the surrounding parts, are truly extraordinary features in the narration.

I would simply remark that the account is drawn up entirely by my friend and patient, Mr. Hamlin, of this city, late a highly worthy and respectable merchant of Philadelphia, and that his statements are implicitly reliable.

In conclusion, permit me to say, that although his general health, now fair, continues to improve, and physical system to develope, the local stricture yet presents a case of peculiar interest both to the patient and to science. We trust, however, that continued perseverance and care may yet overcome the remaining obstacle to complete success, and that he may be again restored to health and his accustomed occupation and usefulness.

With great respect, believe me truly yours, &c. J. M.

*Providence, R. I., July 29th, 1852.*

P. S.—Should be happy to receive hints from the profession adapted practically to the case. M.

*Dr. Joseph Mauran, Providence.*

DEAR SIR,—Supposing that a history of my case might prove of interest to you, I take this occasion to give a statement from the period of the first attack until the present time.

I have been subject to an occasional sore throat for the past eight or ten years, which heretofore had yielded to the prescribed remedies.

In the month of January of this year, a violent cold left me with hoarseness, which gave but little trouble at first, and was of so light a character as to render medicine and advice unnecessary.

In the month of April, I called upon a homœopathic physician of Philadelphia, as my breathing became affected and my voice very weak. Each respiration sounded as if coming from two individuals. He told me that I had an inflammation of the windpipe, and attended me until the eighth day of May.

On the day previous, I became so weak and exhausted from walking, or the least exertion, that confinement to my room became necessary, and my agony was so great that he was sent for in the night. His powders produced no effect. At 4 o'clock in the morning he pronounced me in no danger. I had spasmodic respirations which could be heard over the whole house. My eyes were fixed, and it was impossible to obtain sufficient breath to fill my lungs. I found that no position would give me any ease or comfort. It seemed as if every muscle of my face, chest and arms was thrown into activity without giving me the least relief. I attempted to eat and drink, but found it impossible. The doctor gave me emetics and anodynes, but they produced no effect. He left me at 6 o'clock. At about 7 o'clock I became insensible.

Dr. Joseph Pancoast, of Philadelphia, reached me between the hours of 9 and 10 o'clock on the morning of the eighth May. He pronounced the disease "acute laryngitis." My pulse and respiration had ceased, and my face was black. He pronounced me dead! that it was too late for any operation to save me, but soon consented to try, and made the first incision without my showing any signs of animation. A

discharge of very thick, black clotted blood very slowly followed. All the fresh air which was possible was admitted to the room. A slight twinge was observed of a muscle of the mouth, and then a slight heaving of the chest displayed a partial respiration, which was gradually increased until the whole mechanism of the body was again in motion. The blackness of the face gradually rose upwards from the chin, like the removal of a black veil.

My feet were placed in warm water, a mustard poultice applied to the stomach, and brandy and water placed to the mouth (in a teaspoon) which I could easily swallow. I remained totally insensible for five or six hours after the operation, and then very gradually aroused, but was not aware of the operation until the next day.

I was surprised at the number of strange faces around me, and supposed from appearances that I had been very ill, but the enjoyment of breathing with perfect ease, after such intense suffering, was so great a luxury that it rendered me perfectly satisfied with my situation, with but little inclination to make inquiry. We had no further trouble until the next day (Sunday, the 9th) in the evening, when the orifice became clogged with mucus, and the parts were highly inflamed. I was soon relieved by the forceps opening the orifice. In the absence of Dr. Pancoast, his friend Dr. Mutter arrived, who immediately ordered fifteen or twenty leeches applied to the throat, and a medicine called "neutral mixture," a tablespoonful to be taken every hour. My pulse had run up to 130, but by the next morning the fever had abated and I was doing well. The orifice was so constantly clogged with the mucus as to require instant watching, and I am greatly indebted to the young gentlemen in Dr. Pancoast's office for their disinterested kindness and attention day and night.

For the first three days I took no nourishment but mineral water. Milk punch was found to excite my pulse too much. I was then allowed arrow-root for several days, with lemonade and weak claret. In about three days after the operation, Dr. Pancoast applied the sponge attached to whalebone, soaked in nitrate of silver, ten grains to the ounce. It was very severe, on account of my weakness. This application was made once or twice a-day, and afterwards increased to twenty grains to the ounce.

On Friday, the 14th May, six days after the operation, I again began to suffer for want of breath, as the orifice had begun to heal so rapidly that the passage was nearly closed, and I had no power to take a breath through the natural passage. Up to this period we had hopes that a cure might be effected without the tube. Dr. Pancoast reopened the orifice and inserted the tube, when I was instantly relieved. During the second week my throat was swabbed in the morning with nitrate of silver, and in the evening with glycerin. A tablespoonful of syrup sarsaparilla and hydriodate of potash was taken three times a-day. This was continued until the fourth week, when a solution of lapis divinus was applied with the sponge and whalebone. The latter at noon, and the others as before.

After three weeks of confinement to my bed, I sat up a little at a



time each day, and was able in the fourth week to ride and walk out. My appetite was very good, and from light diet I gradually advanced to the most hearty food, and have not eaten or drank anything which appeared to do me any harm. Near the expiration of the 5th week I was able to go to Providence, in company with Dr. W. D. Southall, of Richmond, Va., who has been constant in his attentions to me, and to whom I feel under lasting obligations for his indefatigable kindness from the day of the operation until my case was resigned to your hands.

After my arrival in Providence, you continued for the first two weeks (which were the sixth and seventh weeks since the operation) with precisely the same treatment as that of Dr. Pancoast in Philadelphia. In the morning a swab of nitrate of silver, twenty grains to the ounce; at noon a swab of the solution of lapis divinus, and at night a gargle of the glycerin. I also continued a tablespoonful of the syrup sarsaparilla and hydriodate of potash three times a-day.

The 7th week—the strength of the nitrate of silver was increased to thirty grains to the ounce, and an alterative pill of biniodide of mercury.

The 8th week continued the same, with the exception that we tried the lapis divinus in the morning in lieu of the nitrate of silver, and found it more effectual.

The 9th week continued the lapis divinus in the morning, and at noon and night a gargle of cod-liver oil, continuing the pill every three or four nights, and taking half a tablespoonful of syrup of sarsaparilla and hydriodate of potash three times a-day.

The 10th week continued the same.

I have taken great care not to expose myself to the weather. I have particularly avoided the night air, and in damp weather been carefully protected. Residing in the country I have found beneficial, but of all the remedies, I have found none that appeared to do me more good than breathing the pure *salt air*. My lungs are perfectly sound, and consequently did not find it too bracing, but each respiration seemed to invigorate and refresh me.

Experience has proved that a crowded room would do me great injury. On one occasion I entered a large church which was about two thirds filled, and although sitting near an open window for about two hours, my exhaustion was so great on going out that I was scarcely able to inhale a breath for several minutes. Walking faster than the ordinary gait, walking up a hill or up stairs, produces a shortness of breath and wheezing in the throat. I have an excellent appetite, and have no difficulty in eating or drinking, nor has anything taken into the stomach done me the least injury. I am disturbed but two or three times in the course of a night by a single cough, which discharges the mucus through the tube. I find it of the utmost importance that my mind should be kept perfectly calm and free from excitement. Smoking a cigar I find very soothing to the throat. There is a sufficient quantity of air passing up through the natural passage, to enable me to smoke as comfortably as ever.

I feel under great obligations to Dr. Pancoast for his promptness and skill in the operation which raised me from the dead, but nothing that I

could say would add to his exalted reputation. His kindness will ever be remembered.

I will say a few words about the *tubes*, as my experience may be of benefit to others who are *blessed* in the same manner as myself. My first tube was inserted on the 14th day of May, about one week after the operation, and gave me immediate relief in breathing. It was only intended to be temporary, as there was no orifice in the back of it, to allow the passage of air up through the trachea. In the course of a week I had another tube made of the same diameter and length, with an orifice in the back, and by placing my finger over the mouth of the tube, and allowing my breath to pass through it and the orifice, I was enabled to speak so as to be understood by all around me. I soon found, however, that although the orifice was effectual in producing sound, it was so large as to take in the fleshy parts, which brought on bleeding and soreness, and in a few hours the tube would be so completely clogged as to require to be taken out. A third tube was made, but through mistake it was only three fourths the size of the others, and I found it too small for breathing purposes.

I have tried various experiments with the size and position of the orifice in the back of the tube, and found that it would not bear to be more than two and a half lines long and one wide, and an oval shape was preferred; it should be cut about three quarters of an inch from the plate. The fourth tube was made in this manner, and answered very well.

The opening in the throat has now so much healed, that I find it utterly impossible to breathe without the tube, and a duplicate of the fourth tube was made to be inserted as soon as the other was taken out. These I have been enabled to wear, only changing them night and morning. I place a piece of linen cloth, of the size of the plate, upon the back of it, covered with sweet oil or cod-liver oil, which prevents the plate from chafing the throat.

When the tube was first entered, I could only sleep well by lying upon my back. By turning upon either side, the clicking produced a hacking cough. This, however, was soon overcome by habit and experience, and I now find no difficulty in lying in any position.

A cough is often excited in changing the tubes, occasioned by the loosening of the mucus around them. The cough is immediately relieved on the discharge of the mucus. Some care is now necessary in inserting the tubes, in consequence of the healing of the orifice in the throat, it having diminished in size. I consequently prepare the duplicate tube, and have it ready to insert immediately after extracting the other, and before inhaling a breath, when the orifice is completely open. Having inserted the end of the tube, and waiting a few seconds for the spasmodic action to subside, it will pass home without any difficulty. If the orifice in the throat should be closed before the duplicate tube is inserted, I use the small silver forceps, which you designed for the purpose, and which I have constantly with me, as in case of accident they will afford relief until assistance can be obtained. These will easily enter the orifice and distend it, that the tube may enter, as well as if it had not been closed.



The tube may be easily cleaned by soaking it in water for a few minutes, when the mucus is softened, and a piece of whalebone and rag are passed through it. Great care should be taken that it be not bent or unsoldered; and I would here advise that all similar tubes be flanged upon the front side of the plate, and then passed through it when it may be soldered. My tubes are simply soldered upon the back of the plate.

On one occasion you will remember having been sent for, as the tube would not move all the way in, when you discovered that it had become unsoldered, and was merely hanging by a thread.

By placing my finger over the mouth of the tube, I am able to converse without pain or inconvenience, except that a strong effort is required, which would render a long conversation very fatiguing.

You have now a full history of my case and my experience, and I trust as my general health is now perfectly good, that with *your* usual kindness and attention, together with a due amount of patience and perseverance on *my own* part, we may yet be able to overcome the difficulty. I remain, dear Sir, yours very respectfully,

Providence, July 24, 1852.

W. E. H.

#### SCARLATINA ANGINOSA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following occurrence, connected with that fatal and somewhat obscure disease, scarlatina anginosa, is of much interest to me, and I think will be interesting and profitable to your readers, both professional and non-professional. Two cases of it have occurred in our midst during these extreme warm days of July. They came unexpectedly; the *manner* is the point of interest. Some friends from a distance made the family a short visit, bringing with them two children, who had had, a few days before, an attack of “canker rash,” as they said, but they seemed fully recovered. Ten days from this time a little girl, 4 years old, was seized with the symptoms of this much-dreaded disease. The eruption was perfect, the anginose difficulty severe, but terminated favorably. In seven days from this time a second child was attacked, who seemingly is doing well. I will here remark that I have used the “bacon” rubbed upon the skin in this difficulty for two years with marked benefit. I have no doubt of its beneficial effects.

Two important questions arise from these facts.

Did the children take the disease from their visitors? If so, how? From the exhalation from their bodies of a contagious influence? from their clothes, or any “fomites” they might have about them? I should answer in the affirmative to the first inquiry, decidedly. The others I will leave to those who are able to frame a probable and reasonable response. I need not say that the answers to all of them deeply concern the whole people.

R.

Westport, N. Y., July, 1852.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, AUGUST 4, 1852.
 

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*Berkshire Soda Spring.*—So many commendatory remarks have been made on the general medicinal properties of a spring in the town of Great Barrington, Ms., located in a wild, picturesque spot between the mountains, that it would oblige the profession if some medical gentleman of the neighborhood would forward, for publication, a chemical analysis of the water. There are fine accommodations there, we understand, for invalids, with all such agreeable accompaniments as visitors, sick or well, expect at a watering place. Great Barrington is twenty-eight miles from the Hudson river; ten from Hinsdale, on the Harlem railroad; twenty from Pittsfield; forty-eight from Albany, on the line of the Housatonic railroad, and accessible many times a day from thence. Formerly this same spring, under the name of "*the pool*," had an extensive reputation for curing rheumatism and dyspepsia, besides a host of other grave disorders. How it obtained its new patronymic of Soda Spring, remains to be explained. Of course all New England travellers are familiar with the fact that Berkshire is the Switzerland of Massachusetts. It is invigorating to gaze upon the beautiful mountain scenery, breathe its uncontaminated air, and participate in the refinements of its cultivated, hospitable inhabitants. If with all these adjuvants the Soda Spring is equal to the representations of those who appear to be best acquainted with its virtues, the healing waters are destined to a high renown.

*Dental Depot.*—It may be a convenience to operating dentists to know that on Tremont Row, in this city, under the Pavilion, an establishment has sprung into existence, in which every kind of mechanical contrivance having the least claim upon the attention of the craft, is on sale. The collection of forceps alone, gives the store the air of a curiosity shop. Then there are teeth beyond computation, of every form and device, as wayward in shape as nature in a sportive mood ever presumes to fashion her work. Files, moulds, dies, anvils not larger than an alderman's thumb, with chisels, gravers, burnishers, furnaces, and, in short, we can scarcely imagine a crooked thing ever in requisition by those who unite scientific accuracy in dentistry with a nice mechanical adroitness, that is not in some one of the show cases. It strikes us that this collection must be extremely advantageous to the dentists throughout New England. Dr. Codman, the proprietor, is admirably calculated to conduct the enterprise.

*Dental Soap.*—As predicted, this delicate preparation which Mr. Davis, of Cambridge, Mass., is extensively manufacturing, meets the expectation of those who use it. There is nothing in the composition to scratch or wear away the enamel of the teeth, which is a serious objection to the dentifrice powders and pastes which are in common use. The dental profession, we understand, strongly recommend a saponaceous application to the teeth, in preference to any thing else, from the circumstance that the alkali completely dislodges and destroys animal and vegetable parasites, that burrow between the gum and body of the teeth—undermining them and producing caries, bleeding, and a sponginess and fetor of the breath.



*New York College of Physicians and Surgeons.*—Circulars, announcements, and other means of notifying the medical public of the approaching lecture season, are constantly being received. It is only in the contemplation of such accumulations that a person fully realizes the number, size and activity of the schools which are organized in our young but growing country. Among them we have been looking at that of the New York College of Physicians and Surgeons, which is certainly old enough to be called venerable, and yet it possesses all the vigor of youth. The course of instruction embraces every thing the student of medicine can hope to learn; and the hospital privileges are unsurpassed in New York. There is no reason why a brilliant course of lectures should not be given the coming autumn. Anatomical facilities and surgical wards are the objects of peculiar attention to young men, and in the Crosby street school the advantages of each are both liberal and ample.

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*Yale College Medical School.*—An expectation that new vigor is to be infused into this institution by the efforts of Dr. Hooker, the newly appointed professor, will doubtless lead to a very considerable increase of students. The library, cabinet, lectures, facilities, and economy in regard to expense, will exert an influence in drawing medical beginners from a distance. It is an excellent institution, with a learned and popular faculty.

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*Polypi of the Larynx, &c.*—When mention was made, week before last, of the publication of Dr. Green's late work, the opportunity for studying its character had been limited. We are now better prepared to speak of its probable destiny. In the first place the treatise does not partake of the character of a meteor, flashing and careering through the medical atmosphere, to astonish with its brightness, and then die away forever. There are no pretensions about it, beyond what it really is, viz., a plain guide to the treatment of polypi of the larynx and œdema of the glottis. No better course could have been drawn than the one adopted, in order to convey a clear notion of the condition and circumstances of the throat when invaded by these diseases. A relation of cases, the varying symptoms and actual appearances, together with the remedy and its results, whether successful or unsuccessful, puts the reader in possession of the facts, and in practical medicine these are always essential. It is certain that affections of the throat—the region to which Dr. Green's attention has been particularly given—have either increased prodigiously in number and frequency, or they must have been nearly overlooked by the physicians of forty and fifty years ago. The great degree of suffering from this source calls for spirited exertions to relieve the afflicted; and whatever any one may have discovered, either in the peculiarities of the disease, or its remedies, is important for those who are called in for medical advice. Dr. Green's book, therefore, being from the pen of one who has had large experience in throat affections, must be very acceptable generally to the profession.

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*Wood's Practice.*—Very warm expressions of editorial satisfaction are noticed in the Journals, in reference to Dr. Wood's late publication. Those who have given to the volumes the most thorough examination, are convinced that the author has conferred a peculiar favor upon the profession of the United States, by his timely gift of this excellent work. It bears renewed

examination. But one of its features of freshness and utility, comes from the fact that the author availed himself of the most recent discoveries and recorded cases in the Journals of the day, instead of going back to the antediluvians for authority. This is what we must encourage, viz., progressive medicine.

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*Operative Surgery Illustrated.*—Messrs. Ticknor & Co. have published Dr. Piper's very highly illustrated work on Operative Surgery, which has been some time preparing. It is a compact octavo of 384 pages, the text being illustrated by nineteen hundred engravings, fifty of which are colored. An extraordinary part of its history is, the industrious author drew all the figures and finished them with his own hands. Both the type and paper of the book are excellent; and with respect to the matter, it may be considered authority, in the fewest words, and exceedingly accurate in its typography, a point of immense importance in a professional guide. There is no known surgical operation which is not pictured, so that next to actually seeing the scalpel among the muscles, this is a never-failing chart of what has been and may again be done. Every great surgeon's method of proceeding is both denoted and illustrated in an accurate manner. We see how and where the instrument should go. We can only sum up the good properties of the book, by saying that no surgeon in our country should be without it.

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*Maladies des Yeux.*—C. M. Brownell, M.D., of East Hartford, Conn., proposes a translation of the *Manuel Pratique des Maladies des Yeux, d'après les Leçons clinique de M. le Professeur Velpeau, Chirurgien de l'Hôpital de la Charité, par Gustave Jeanselme.* The specimens we have seen of Dr. Brownell's ability to perform the work, are most satisfactory, and we sincerely hope he may find a publisher who will remunerate him liberally for the enterprise.

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*Tennessee Medical Society.*—Good sentiments as well as scientific truths are everywhere emanating from the members of the medical profession. In the United States the people ought to be proud of the attainments, high bearing and patriotism of that great body of men who are devoted to the practice of medicine. They are first and foremost in every effort that is making to elevate society, and give stability to the free and glorious institutions of the country. And it is their prominent ambition to raise themselves in a moral as well as scientific position. It is a spirit that breathes through all their literature, animates all their associations, and stimulates them to powerful exertion to advance the best interests of humanity. The address of John M. Watson, M.D., before the Medical Society of Tennessee, abounds with suggestions that keep in view the usefulness of the physician, by pointing out with distinctness what he should know, in order to meet the expectations of those who demand an application of his knowledge, for the relief of the afflicted. He writes like one who feels that knowledge is power, and especially so in the arduous labors that devolve upon the practitioner. It is a common literary exploit to portray in public what others should do, to make themselves happy, wise, influential, and really serviceable in this wicked world; but for an honest gentleman to mount the rostrum and tell his brethren what they should do or not do, to gain the applause of their own consciences, or judgment, it scarcely mat-



ters which, in the sickroom, is original to some extent, and therefore entitled to more than ordinary consideration. There is one truly beautiful sentence in the discourse, that expresses a truth of solemn import. "Man must die—it is a law of his nature: man must die, is no less a law of many diseases. The death element pervades all animated nature—typifying the general and final death of all material things; while the life with which it is animated represents the forthcoming of that general and final spiritual life which is to survive all materialism. Man's disjunction from the tree of life has left him without a therapeutic remedy for his mortality."

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*Leeches.*—A correspondent of the New York Times, writing from Constantinople, gives the following information :

"It is not more than from forty to fifty years that leeches have been in *extensive* use for the abstraction of blood from the human body, and for many years the supply from the ponds of each country was sufficient for the wants of the population. But as the use of them increased, superseding so often the lancet and cupping, the leech traders turned their attention to procuring them from foreign countries. Twenty-five years since, all who could afford it in America used the "French" leech in preference to the American leech, because it would draw twice or thrice as much blood. But none the less a large portion of the leeches exported from France, have been brought thither from other countries on the Mediterranean.

"Leeches for Western Europe and America are now obtained from Morocco, Algiers and Tunis—from Hungary (which sends one year with another 120,000 pounds of leeches annually), from Russia, and from Persia even. A trader brought, last winter, without hardly any loss by the perishing of the leeches, fifteen hundred pounds of leeches from the latter country. They froze solid as he was passing the lofty mountains, near Erzroom, but thawed into life again. The obstacle to bringing leeches from a great distance, has been, that they were so liable to perish, and needed so much care and attention on the voyage. However great the loss and the consequent rise in price, there seems no limit to the price that the sick are willing to pay for them. Fifty cents is often paid for a single leech in our country towns. And in Peru, in South America, leeches (brought, perhaps, from Persia) have sold for three to five dollars a piece.

"The product of the leech *fisheries* in Turkey, is at present annually greater than that of any other country. One reason among others, for this result, is the want of cultivation, and the amount of undrained lands in consequence on a sparsely inhabited country, and the facilities allowed to the Europeans who follow the business and have the protection of the local authorities. The product of the last three years has been about 180,000 pounds annually, worth at the place of exportation eight dollars a pound, or \$1,440,000 each year. In a pound of small leeches there are from two hundred and fifty to four hundred leeches. A pound of large leeches contains half that proportion. There are probably from 50,000,000 to 60,000,000 of leeches annually exported from Turkey. They are sent chiefly to Trieste, Marseilles, and London, and some to America direct. The price varies greatly at these ports, according to the supply. The prices current of Marseilles as regularly include the price of leeches, as of wheat and wool."

*Fraudulent Use of Names in Quack Medicines.*—It appears, from the following extract from the London Lancet, that those individuals whose names are fraudulently attached to nostrums to increase their popularity, are not wholly without legal protection.

"A short time since there appeared in the *Wolverhampton Chronicle*, the report of a trial of much importance, both to the medical profession and the public. The plaintiff, Baker, obtained a summons against Langman, for the recovery of two shillings nine pence, being the price of a box of what was alleged to be "Genuine Cod-liver Oil Pills," and to which box the name of Sir James Murray was, with much audacity, attached.

"At the trial, Sir James Murray, who was naturally greatly incensed at so improper a use of his name, appeared in person. He stated that the use of his name was wholly unauthorized; that he had done every thing in his power to deter the parties from so employing it; and that it was on his recommendation the plaintiff had adopted the present mode of proceeding. Sir James further gave evidence that the pills in question did not contain a particle of cod-liver oil, but, amongst other ingredients, a dangerous quantity of the essential oil of bitter almonds.

"The result of the trial was, that the plaintiff recovered the amount which he had paid for the pills, and the delinquent met with that exposure and disgrace which he so justly merited."

*Medical Miscellany.*—A new quarterly Homœopathic Journal has been commenced in Boston, edited by Drs. Birnstill and Tarbell.—The honorary degree of M.D. was lately conferred on Dr. Stimpson, of Dedham, Mass., by Harvard University.—A Mrs. Davis, of Holden, Mass., died last week, immediately after inhaling chloroform, preparatory to the extraction of a tooth.—Cholera is now prevalent in Texas.—Both hooping cough and typhus have of late begun to attract some attention. Bowel complaints, too, have multiplied among small children.—Cases of hydrophobia are represented to be quite frequent in Paris. Dogs are petted there more than any where else.—A statement was published July 22, in Cincinnati, signed by twenty-one of the principal physicians of the city, in which they say the cholera does not exist there, except in isolated instances, and the general health of the population is as good as in any July for the past ten years.

NOTICE.—The suggestion, last week, that publishers of Medical Journals should copy a notice respecting a late agent of this Journal, was inadvertently admitted, and is hereby withdrawn with the request that the notice may not be copied into their Journals.

ERRATA.—On page 429, line 8, for "experiments" read *improvements*; p. 458, line 32, for "organic tissue" read *organ or tissue*.

DIED.—In Sacramento, Dr. Gavin Russell, of Canada West, 25.—In San Francisco, Geo. C. Slayton, M.D., late of Stow, Vt., 27.—At West Enosburg, Vt., Dr. O. W. B. Hull, late of Woonsocket, R. I.

*Deaths in Boston*—for the week ending Saturday noon, July 31, 92.—Males, 52—females, 40. Accidental, 2—apoplexy, 1—disease of bowels, 2—inflammation of bowels, 13—inflammation of brain, 2—burn, 1—consumption, 14—convulsions, 4—cholera infantum, 6—cholera morbus, 2—croup, 2—dysentery, 4—diarrhoea, 3—dropsy of brain, 4—drowned, 1—typhus fever, 1—scarlet fever, 5—intemperance, 1—infantile, 10—inflammation of lungs, 2—disease of liver, 1—marasmus, 2—old age, 1—palsy, 2—puerperal, 2—rheumatism, 1—scrofula, 1—thrush, 1—inflammation of throat, 1.

Under 5 years, 48—between 5 and 20 years, 10—between 20 and 40 years, 6—between 40 and 60 years, 14—over 60 years, 4. Americans, 27; foreigners and children of foreigners, 65. The above includes 10 deaths at the City institutions.



*Soiree at the College of Physicians.*—Amongst the many objects worthy of notice at the late *soiree* at the College of Physicians, the very fine collection of fossil bones, collected by Dr. Paine Cotton, might be mentioned. Dr. Hassall exhibited some beautiful drawings of crystalline deposits occurring in diseased conditions of the urine; and Dr. Lionel Beale brought two living specimens of the *Proteus Anguinus*, which he obtained at Adelsberg, in Carniola, about two years ago; since which time they have been kept in water, in a large glass globe, from which light was carefully excluded by a thick covering of green baize. We were assured that they had had nothing to eat since they had been in confinement, and even that the water in which they are kept had not been changed for several months. Both specimens appeared very active, and looked as plump and healthy as when we had the pleasure of seeing them at one of the college *soirees* last year. Dr. Beale also had an excellent arrangement for exhibiting the circulation in the branchiæ of one of these creatures under the microscope. The proteus was placed in a long glass tube, which terminated in a flat plate-glass cell, into which the head of the animal was received. Two narrow glass tubes were inserted into the mouth of the larger one, by which arrangement the creature was from time to time supplied with fresh water without removing the apparatus from the field of the microscope. In this way every one had an opportunity of observing, throughout the evening, the phenomenon of the circulation of the branchiæ of this interesting creature. The power employed was a Powell's inch, and with this glass the individual blood globules were distinctly visible, as they rushed rapidly through the large capillary loops. It may be interesting to notice that upon sudden exposure to a strong light the branchiæ contract forcibly, expelling the blood from the vessels, and in consequence become quite pale; they, however, gradually assume their former size, and florid red color, upon a diminution of the intensity of light, or upon the animal being again placed in the dark. The animal, we are informed, did not suffer from the confinement consequent upon this mode of exhibiting it.—*London Lancet*.

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*Improvements at Bethlem Hospital.*—It has been decided to erect new infirmaries for the reception of lunatics laboring under physical in addition to mental disease. The estimated expenditure is nearly £5000; but the money could not be better employed. A novel feature characterizes the contemplated erections, which deserves being mentioned. As appendages to the new infirmaries, it is proposed to erect two large apartments at the top of the building, so that convalescent patients may at any time have an opportunity of breathing free air, without going out of doors. In fine, two veranda-like chambers, constructed of glass and iron, are intended to supply this great convenience and desideratum, hitherto not seen in any lunatic asylum in England. Dr. Webster, an active governor, is said to be the originator of the scheme in question. The building operations are to be forthwith commenced, according to the plans, and under the superintendence of Mr. Sydney Smirke.—*London Journal of Medicine*.

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*Sulphuric Acid in Diarrhœa.*—Some of the English practitioners are extolling the virtues of *diluted sulphuric acid* in diarrhœa. Half a fluid drachm, of the diluted acid, in an ounce and a half of sugar and water, is a dose for an adult. It may prove valuable in infantile diarrhœa.—*Western Lancet*.

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OPERATION OF TRACHEOTOMY IN AN EPILEPTIC.

[DR. NEILL read the following remarks and report of an interesting case at a meeting of the Philadelphia College of Physicians, June 1, 1852.]

The views of Marshall Hall, which have lately appeared in the English journals upon the subject of epilepsy, have probably fallen under the notice of most of the Fellows of the College.

Every investigation of a malady so distressing, and of which so little has been known of its pathology, must be hailed with pleasure by every practitioner of medicine. Especially will this be so, when so high an authority upon affections of the nervous system advances views not only as to the nature of the disease, but also practical deductions of the highest importance.

Dr. Marshall Hall says :—" This question of the application of tracheotomy in the preventive treatment of epileptic convulsion, is one involving high principles in physiology.

" As I have stated, I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic laryngismus, imminent danger to life. But the question remains—are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea. After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient as justifying the heroic remedy. The case may be violent and frightful in any degree. In what precise case tracheotomy is justifiable I do not pretend to determine. It is a matter of pure *moral* calculation and choice in regard to the terrors of the malady on one hand, and of the remedy on the other. Epilepsy may occur in the slightest form of mere transient oblivion, and it may occur in the gravest form of sudden and violent convulsion, dashing the patient to the ground, into the fire or into the water, and followed by coma or apoplexy, delirium or mania, paralysis, amentia.

" The former of these attacks may be denominated the *epilepsia mi-*



*tior*. It comprises all that is short of laryngismus, affections of the senses, as *muscæ*, tinnitus, the odor of musk, aura, vertigo, oblivion, confusion, loss of consciousness, nutatio, falling, various spasmodic affections of the face, the eyes, the extremities.

"Then comes laryngismus, laryngeal dyspnœa, perhaps perfect closure of the larynx, with violent efforts of expiration. This, with all the other links of the dreadful chain, constitutes the *epilepsia gravior*: all that is on *this* side of the laryngismus must be unaffected by the operation of tracheotomy; all that is on *that* side of this laryngismus will, I trust and believe, be prevented by its efficient institution. By tracheotomy, the *epilepsia gravior*, or the 'grand mal,' is converted into the *epilepsia mitior*, or the 'petit mal.' If this, my hope, be realized, I shall deem the event a great victory achieved by physiology or theory over mere observation, and especially by that of the diastaltic nervous system, of which it is an application.

"I may now observe, in conclusion, that I have on several occasions stated that, if tracheotomy were performed, and a tube worn in the trachea, the epileptic, the puerperal, or the infantile convulsion would be prevented, with its dire effects."

In accordance with these views I operated upon a patient of Dr. Shelmerdine, in Spring Garden, under whose care he had been for about one year, and who had tried all the ordinary modes of treatment. The following are the particulars of his case:—

John Blume, aged 29, of five feet eleven inches in height, and weight about one hundred and sixty pounds. His appearance was healthy, and he had no deformity of the throat.

His first fit occurred nine years ago, and was not referable to any particular cause by his family. He was not subject to them in childhood, although his brother had died of epilepsy. The frequency of the paroxysms gradually increased, and for the last year he has been unable to attend to any business. His mind has been so affected by the disease that he has frequently mistaken his way home, and often gone into the neighbors' houses for his own.

His mother and wife informed me that during the last six months he would have an attack at least every other day, but occasionally would have as many as fifteen or twenty during the day. Life had become a burden to him, and he feared to leave his home.

His physician tells me that on the first occasion of his being called to him, he was laboring under most severe congestion of the face and neck, producing great lividity and complete insensibility; and that, in all of the subsequent attacks, difficulty of breathing seemed to be prominent. The patient himself remarked to me that, immediately preceding his attacks, he frequently experienced a sense of constriction about his windpipe; and his friends and family confirmed the idea, that the severity of the attack was proportionate to the difficulty of breathing.

When the operation was proposed, and its nature explained to him, he was anxious for its performance, and had great expectations of its relieving him.

The operation was performed on the 11th of March last, in the pre-

sence of Drs. Shelmerdine, Marshall Paul, and Hollingsworth. His neck was long and well adapted for the operation. The incisions were made in the usual way, and the only points worthy of remark were—that the sterno-hyoid muscles, from frequent spasmodic contractions, were thicker than usual; and that the isthmus of the thyroid gland was so large and broad as to cover the first three rings of the trachea.

The hemorrhage was not so troublesome as might have been expected; care was taken to tie the inferior thyroid vein, and no irregular artery was met with after the trachea was exposed. A piece of about three lines in breadth was removed from the middle of the fourth ring of the trachea, and the fifth ring also was divided in order to accommodate more accurately the tube which had been provided, which was of the ordinary form of the instrument shops.

The introduction of the tube produced but little irritation and coughing, his voice was not in the least affected; but the trachea was smaller than usual, and the wound becoming so very deep after the division, that I had constructed tubes of various angles and lengths corresponding with the depth of the wound. (Specimens of the tubes were exhibited to the College.)

He slept but little the first few nights after the operation, and seemed unwilling at first to trust himself in a recumbent position; but as the wound healed around the tube he became comfortable, and had nothing like a return of his complaint until the *thirteenth* day after the operation, which tendency to an attack he attributed to his removal of the tube; he had taken a slight cold, which made the tube disagreeable on that day, and he thought he would risk the night without it. The spasm was slight, and he did not lose his consciousness. About *two weeks* after this he was threatened with an attack of which he was conscious, and mentioned the fact to his mother, who immediately removed a temporary plug which he introduced in the orifice of his tube to prevent a whistling noise accompanying respiratory movements. Upon the removal of the plug the symptoms disappeared, his breathing was comfortable, and he felt much encouraged. He began to appreciate the object of the operation, and fully believed that the means to mitigate the severity of his attacks was the removal of the plug, and that the disease was under his own control.

He made arrangements to renew his business, walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period.

Unfortunately for him, however, he was again seized on the evening of the 2d of May, with symptoms of another attack. His physician was sent for, who removed the tube and cleansed it; after it was replaced the patient felt easier, but was not completely relieved. In the middle of the night he had a most violent attack, and died almost instantaneously. His physician was not with him when he died, and the family would not permit a post-mortem examination of any part of his body but his throat. Dr. Shelmerdine merely examined the cicatrix around the wound and the trachea. The parts had consolidated around the tube, and the trachea was perfectly healthy.



I report this case to the College in order that they may form their own judgment upon the theory and the treatment of Marshall Hall. Few cases have as yet been reported where this operation has been performed, and I believe that this is the first case in this country in which the trachea has been opened, and a tube worn, in order to mitigate, if not prevent, attacks of epilepsy. And, although this patient died, I still think favorably of the operation, and under the same circumstances would perform it again. His death was in no way attributable to the operation, and had not the operation been performed it might have occurred at a still earlier period. I regard the mitigation of the attacks with which he was once threatened, and moderation of the symptoms, as more satisfactory than if there had been no approach of an attack, for then the entire absence of the complaint might have been attributed to the shock made upon the system by the operation; and this operation would have demonstrated nothing more than tying the carotid artery, after which, and other violent shocks, patients have been free from attacks for a long period.—*Transactions of the College of Physicians, Philad.*

#### OINOMANIA.

WE abridge the following summary of this strange disease—cases of which are of such frequent occurrence—from an excellent article on the medico-legal relations of insanity in the “British and Foreign Medico-Chirurgical Review,” No xi. :—

This disease has been denominated *dipsomania*, and has been recognized by Esquirol, Marc, and other competent authorities, which therefore renders it unnecessary for us to prove its existence. To the term *dipsomania* we object, as it does not correctly describe the disease, which consists not in thirst mania, but in an irresistible propensity to indulge in intoxicating liquors or stimulants which produce the same effect. We therefore prefer the term *oinomania*, by which it has already been designated by a writer who has given a short account of the disease.

*Nature of the Disease.*—Oinomania then consists in an irresistible impulse to indulge in intoxicating substances, whenever and wherever they can be procured. It is quite different from drunkenness, which however may induce it. Many men at the festive board invariably become excited or intoxicated, who in general are sober, or even abstemious, and whose consumption of wine and other stimulating beverages is, in the course of a year, much less than that of those who are never seen under their influence. Others take their daily allowance, and consume a larger quantity of alcoholic drinks than is consistent either with health or sobriety. Others again become daily drunk after dinner. All these, however, possess self-control, and can at any time when it suits their convenience abstain from stimulants, though placed before them and even urged upon them. On the contrary those affected with the disease cannot do so; and however convinced they may be of the impropriety of their conduct, or however anxious they may be to resist, they feel themselves to be, and in reality are, impelled by an overpower-

ing propensity to do that which they know to be wrong, and from which they derive no pleasure.

The disease does not consist in the habit of becoming intoxicated, but in the irresistible impulse which drives the unhappy being to do that which he knows to be pernicious and wrong, and against which he makes many a vain struggle. He derives no pleasure from taste, for he drains the cup, of whatever liquor it may be, at a draught; nor from society, for he generally avoids it. His only gratification is momentary, and consists merely in his being freed from the overwhelming misery, mental and bodily, which the non-gratification of his insane impulse inflicts upon him.

This form of disease is hereditary, and frequently occurs in individuals in whom there is a predisposition to other varieties of insanity.

*Varieties of the Disease.*—We have had many ample means of observing the phenomena of oinomania, and have found that there are three varieties of the disease: *the acute, the recurrent, and the chronic.*

*a. The acute* is the rarest of the three, and the most easily treated. We have seen it occur after hemorrhage in the puerperal state, in nursing prolonged beyond the strength of the patient, on recovery from fevers, after excessive venereal indulgence, in some cases of masturbation, and in some forms of dyspepsia. When it proceeds from any of the first four causes, it is easily cured by restoring the patient's strength, and there is every probability that the disease will not recur. When it arises from the two last, it is not so easily removed, and is very apt to assume the chronic form. In the treatment of this variety of oinomania, the most modified form of restraint, delicate surveillance, is all that is necessary; and it would therefore be quite unjustifiable to remove the patient to an asylum. Change of scene, cheerful society, and some interesting occupation, will be found useful adjuncts to other means of treatment.

*b. The recurrent form* of oinomania is much more frequent than the acute, though less frequent than the chronic, and comes on in paroxysms. Patients so affected may abstain for weeks or months from all stimulants, and may even loathe them. By degrees, however, they become uneasy, listless, depressed and irritable, and feel restless and incapable of exertion. They are aware of the impending paroxysm, and struggle against it till the impulse becomes irresistible, and then they drink to an extent which to those unacquainted with such cases would appear impossible, and which would destroy any ordinary man. During the paroxysm there appears to be a greater tolerance of stimulus than the constitution exhibits in its normal state.

The recurrent form of oinomania is observed in those who have suffered from injuries of the head, in some women during pregnancy, at the catamenial periods, on the approach of the critical period and afterwards, in individuals whose health has suffered by living in tropical climates, and in men whose brains are overworked. When it occurs after injuries of the head, the case is hopeless; but as such patients are in general very violent, it is necessary for the safety of the community that they should be secluded. In other cases it admits of cure, but only after long treatment, of which seclusion is a necessary part; and with the



single exception of pregnant women, this should never be attempted at home.

The patient ought always to be confined at the beginning of a paroxysm, and the seclusion ought not to be for less than two years. We have seen shorter periods tried, but without permanent success. It may be said that it is hard to confine them when they are free from a paroxysm, and appear to be perfectly rational. It must, however, be borne in mind, that the disease is not cured—that there is only a lull—and that it must be looked on precisely in the same light as recurrent mania, no patient suffering under which would any one be fool-hardy enough to set at liberty during the period of quiescence which occurs between the paroxysms.

*c. The third variety* of oinomania is the *chronic*, which is by far the most common and the most difficult to cure. The patient is incessantly under the most overwhelming impulse to swallow stimulants. To gratify his insane propensity, he sacrifices comfort, decency and reputation, withstands the claims of affection, consigning his family to misery and disgrace, and denies himself the common necessities of life. As occurs in the recurrent form of the disease, he derives no pleasure from his potations; he does not relish society, but, on the contrary, shuns it; he is quite conscious of his state, and bitterly laments it; and all the gratification which he enjoys from yielding to his insane impulse, is the temporary relief from the dreadful misery, bodily and mental, which he endures.

In this variety we have the same uncontrollable impulse as in the others. So convinced are the patients themselves of this, that many instances are on record of the unfortunate individuals so affected having voluntarily sought the advantages of an asylum, to protect themselves against their malady. These have been generally cases of the recurrent variety, and of men of stronger minds than usual, though, with all their power, incapable of resisting the malady. Instances, however, are found of those suffering from the chronic form pursuing the same course. In this, as in the recurrent variety, nothing can be done without seclusion; and surely what some patients have themselves felt to be their only refuge against their calamity, it cannot be unjust or harsh to force on others whose minds are more impaired. The chronic form requires long treatment. The whole man must be renewed, before he can with safety be discharged; and this will require a period of at least two years. On the ground of its being necessary for the treatment, seclusion is justified; but on other grounds it is necessary. The patient is dangerous in most cases to himself and others. He frequently entertains delusions respecting individuals, which are not to be trifled with. He becomes jealous of his wife; fancies that his children are in league against him; and believes that conspiracies are formed among his friends or strangers to injure him. In his low state, he is suicidal; in the stage following, there may be comparative tranquillity; and before he is thoroughly intoxicated, he is highly excitable, and often destructive. On the three grounds, then, of treatment, protection to the patient, and safety to the community, such patients ought to be secluded.—*Half Yearly Abstract of the Med. Sciences.*

## M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicafe—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

## THIRD LETTER.

MY DEAR FRIEND,—The conclusion which terminates my last letter,—*The blennorrhagia of which the muco-pus being inoculated gives rise to no result, does not recognize the syphilitic virus as cause*,—this conclusion, deduced from undeniable facts, again places the history of blennorrhagia at the same point from which it has been transmitted to us in the book of Leviticus. Old as man, older than he, for animals created before him are subject to blennorrhagia, and not to the verole, this disease has nothing in common with the syphilitic infection.

In spite of those, who, since Paracelsus, Bethencourt and Fallopus, have wished to make of blennorrhagia, not symptomatic of chancre, a new disease identical with syphilis, the researches that I have made, corroborating the descriptions so exact of Alexander Benedictus and of Cataneus, have given to the doctrines of Balfour, of Todus, and of Duncan, the value and the solidity that Bell would have given them himself, if he could have explained the facts supposed to be exceptional, as we can explain them at the present day.

But blennorrhagia, as I understand it, absolutely different from syphilis in its causes, in its form, and in its consequences, does it depend upon a special virus?

There would be nothing repugnant in admitting a special cause having the power specifically and constantly of producing blennorrhagia and its consequences. Nothing is more apt, in fact, to determine a blennorrhagia, than the muco-pus furnished by certain inflamed mucous surfaces. But when we go back in the strictest manner, and with the most rigid observation, to the causes determining *the best characterized blennorrhagia*, we are forced to see and to confess that the blennorrhagic virus ordinarily has no share in it.

Nothing is more common than to find women who have communicated blennorrhagia the most severe and the most obstinate, with the most varied and the most serious *blennorrhagic* consequences, and who were only affected with uterine catarrhs, sometimes scarcely purulent. Quite often the menstrual flow appears to have been the only cause of the communicated disease. In a great number of cases, in fact, we do not find anything, or only some errors in diet, fatigue, excess in sexual relations, the use of certain drinks, such as beer, or of certain articles of food, such as asparagus. From these circumstances spring that frequency of belief very often correct, that a gonorrhœa has been caught from a woman perfectly healthy.

Upon this point I am certainly aware of all the causes of error, and I pretend to say that no one is more careful to guard against the frauds of every kind sown upon the steps of the observer than I am. It is, therefore, with full knowledge of the causes that I sustain this proposition.

## PROPOSITION.

*Women frequently give blennorrhagia without having it.*

Blennorrhagia, such as some individuals persist in understanding it,



that is to say, as the consequence of a contagion, is as rare in women as it is common among men. I do not believe that I advance too much when I say that women give twenty gonorrhœas where they contract one. And this is easy to understand, for women so subject to discharges not syphilitic from the genital organs, are the most frequent source of discharges which in the man cannot be considered as an effect of contagion.

It has been impossible for me to consider as serious the doctrine of my learned colleague, M. Cazenave, who admits very readily that many women under the influence of chronic utero-vaginal catarrhs, can have sexual relations without communicating any thing, provided that they are not "*echauffées*" to the degree of virulence, or that they are not raised, so to speak, to a red heat. Is it not more simple to understand and more rational to say, that with a less degree of excitement, the secretions are less irritating, and that the being habituated to these secretions, would produce an immunity for some persons, and a sort of acclimation. It is thus, as I have frequently seen, that a married woman can cohabit with her husband without communicating any thing; but should a lover come, this last contracts a blennorrhagia. The husband was acclimated, the lover was not. When one studies blennorrhagia without prejudice, without preconceived ideas, he is forced to acknowledge that it is often produced under the influence of most of the causes which determine the inflammation of other mucous surfaces.

The experience of Swediaur is here to prove this. This observer injected volatile alkali into the urethra, and produced a blennorrhagia. Does this experience show that a blennorrhagia can be always produced, and at will, by irritating injections? No, certainly not, no more than a coryza or an ophthalmia could be produced by the same means. For a blennorrhagia, as for every other inflammation, the pre-existence of predisposition, that great unknown influence which dominates over all pathology, is necessary. This is proved by the fact that a blennorrhagia is not always taken in those same conditions where it is the most evidently communicable. Without this fortunate immunity which the absence of predisposition gives, blennorrhagia, already very common, would be still more so.

An experience of twenty years has taught me, and permits me to affirm, that excepting blennorrhagic discharges symptomatic of chancre, it is often perfectly impossible to recognize the cause of a blennorrhagia.

I know that many of my colleagues obstinately refuse to admit this opinion; every blennorrhagia awakens in them the idea of syphilis, and their therapeutic prescriptions are but the logical result of their prejudices.

Here, my dear friend, I ought to make to you a confession, and I shall make it publicly. This persistence of some of my honored and learned colleagues, to always consider and to treat blennorrhagia as an accident of a syphilitic nature, has often astonished me. Thus it has many times happened to me, not to satisfy a frivolous curiosity, much less to yield to a culpable, slanderous motive, but to enlighten and re-assure my mind, to have recourse to a stratagem of which I wish to make the avowal with all the reserve and the delicacy that I owe my honorable brethren.

It was under the following circumstances:—A man presented himself at my consultation with well-marked blennorrhagia. He stated to me

that he had had relations with but one woman, and that this woman was his wife or his mistress. This man was uneasy or alarmed. He brought with him the woman the cause of his trouble, and the latter, protesting her innocence, along with the patient, supplicated me to submit her to the most rigorous examination. This examination, made with all the attention and care of which I was capable, showed me the sexual organs of this woman in a perfectly healthy state. There was nothing, absolutely nothing, in the most profound folds of those organs which could explain the blennorrhagia of that man. I begged the woman to pass into a neighboring room, and, alone with the patient, I made use of all the means possible, of which I spare you the details, to arrive at this certainty, that the patient had had no sexual connections but with this woman; it was in these alone that he could have contracted the disease which he had. I reassured the husband or lover; I acquitted the wife or the mistress; but I begged them both to be accomplices in a little stratagem, which it remains for me to indicate. I sent them both and separately, let it be well understood, to such of my learned colleagues whom I know to be direct antagonists to me upon the question of blennorrhagia. I said to the patient, demand clearly this question: is my blennorrhagia syphilitic? I said to the woman, demand distinctly, could I give a blennorrhagia to a man? The couple returned to me, the man with a diagnosis thus written—“*syphilitic blennorrhagia*; the treatment followed *ad hoc*. The woman returned with this—“*the perfectly healthy state of the organs permits me to affirm that madam could not communicate a malady which she has not*.”

It is not an isolated fact that I point out to you, my dear friend; this experiment I have often renewed, and sufficiently so, with some variations, to corroborate my convictions and to reestablish my ideas.\*

What do these facts signify? That the cause of a blennorrhagia cannot be always known; that this disease can be produced by causes common to all inflammations, if there is a predisposition; but that the most special agent of blennorrhagia is the muco-pus furnished by the inflamed genito-urinary surfaces.

\* This manner of regarding it appears to me more rational than that which would attribute the blennorrhagia called venereal to a sort of half virus imagined by our very learned brother and ingenious writer on syphilis, M. Baumès. To this practitioner, blennorrhagia is a degenerated kind of chancre; it can give rise to a constitutional syphilitic infection, more feeble, however, than that produced by chancre, but without being able, nevertheless, to reproduce this latter by means of contagion or inoculation. “One can then foresee,” adds M. Baumès, “the greatest

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\* There are some facts more curious still than those relating to blennorrhagia contracted with healthy women. A case analogous to the following has not been presented, perhaps, to the notice of M. Ricord, but of its authenticity it is not possible for me to raise the least doubt.

A man of thirty years of age, a physician, had been continent for more than six weeks, and his last sexual relations were not of a suspicious character. A fortuitous circumstance permitted him to pass almost an entire day in company with a young woman whom he loved. From ten o'clock in the morning until seven o'clock in the evening, he made vain efforts to overcome the resistance of this woman, whose virtue did not yield. But during all this time, this physician remained in a constant state of excitement. Three days after, he was taken with a blennorrhagia of the most violent and painful kind, which lasted forty days. Most assuredly here is the form of a blennorrhagia not syphilitic.—*Note of the Editor.*



similarity between the constitutional symptoms which are the consequence of the one and of the other of these diseases; and in fact experience proves that the difference between these symptoms lies not in their nature, but only in their degree of intensity, in their gravity, and in their situation, which after blennorrhagia extends generally to fewer tissues, and to a smaller number of organs, than after chancre."—*Baumès, Précis théorique et pratique sur les maladies vénériennes, tom. i., page 259.*

Here is a true half-way doctrine. This mere theory is neither justified by facts, nor by observation or experience; one condition is alone wanting to it—the proofs.

Hitherto, then, and it is certainly my present opinion, that simple blennorrhagia is completely stranger to syphilis as to the causes which can produce it.

But it has been objected to this, that the pus of chancre, that is to say the syphilitic virus, can produce blennorrhagia. This opinion is very old; it has been sustained since the appearance of the verole in Europe, and it can be very legitimately still sustained. But what does this mean? Are the observations of the ancients to be relied upon? They are incomplete and insufficient; it is impossible with these to proceed scientifically from the effect to the cause. Would you appeal to experiments similar to those of Harrison, who drew his conclusions from the production of a blennorrhagia by the introduction into the urethra of pus furnished by a chancre, without knowing what it had physically determined. No, we shall arrive more simply and more logically at the conclusion of the possibility of the production of a non-virulent blennorrhagia, by the pus of a chancre, in considering this pus as having the power to act in the manner of simple irritants. A woman having chancres at the inoculable period, could thus produce a blennorrhagia in a man which would not inoculate. We can thus understand the observations of Swediaur and others, in supposing that they had not committed some error in diagnosis, inasmuch as these observers made use of neither speculum, nor inoculation—observations which prove that men affected with chancre, have communicated blennorrhagia to women.

Here is what clinical observation teaches, and that which experiment can demonstrate. It is not rare to see patients with a chancre of the gland or of the prepuce, successively taken with balanitis or with balanoposthitis, determined by the irritating action of the pus of the chancre. But while the chancre furnishes pus inoculable, the pus furnished by the balanoposthitis is not so. (We shall see later that in order that the virulent pus should act specifically, some conditions are necessary which are not always met with.)

Faithful to my first conclusion, reducing to their just value these first objections, I affirm that when Harrison produced blennorrhagia with the pus of the chancre, either this pus acted after the manner of simple irritants or it produced an urethral chancre which was not ascertained. We shall see also later, that when Hunter produced a chancre with some pus supposed to be blennorrhagic, it was with the product of a true urethral chancre that he had operated.

But if inoculation has proved that the cause or the causes of blennorrhagia, *whatever may be its seat* in the two sexes, differ from the specific principle, from the virus which chancre *fatally* produces, the consequences of blennorrhagia ought always to differ from those of chancre; and yet many constitutional veroles are attributed to blennorrhagia. These are the questions which will make the subject of my next letter. We shall see, also, if it is possible to establish a differential diagnosis between two affections which some wish systematically to confound. You will permit me first to speak a word upon the inoculation of blennorrhagia.

Yours, RICORD.

#### PROF. MEIGS'S WORK ON OBSTETRICS.\*

[Communicated for the Boston Medical and Surgical Journal.]

[A MEDICAL correspondent of respectability writes as follows of a work which has been before noticed in this Journal.]

This valuable work was published in May last. Dr. Meigs writes as with the pen of inspiration, and with much rapidity. He gives us the lessons and teachings of great wisdom and experience. No longer ago than the year 1847, he published an elaborate and very extended work upon the Diseases of Females, which has been most favorably received by his professional brethren, and by medical students throughout the United States, and, we believe, in England. Scarcely was the ink dry upon his paper in that work, when he presented us with the first edition of his *Obstetrics*, in 685 pages, with numerous plates. In a little more than two years (in the year 1852) he lays before us another edition of this work, much enlarged, and with an increased number of plates. He had previously written the *Philadelphia Practice of Midwifery*, which, if we mistake not, passed through several editions. He also edited some editions of Velpeau's splendid system of midwifery, besides several other works and papers of great practical value. Surely his pen must be dipped in liquid sunbeams, to record his experience with such wonderful rapidity, and his industry in writing and study must be indefatigable amidst the cares and troubles of an extended practice. The classes of five hundred which annually attend his lectures in the Jefferson Medical College, the members of which catch the aspirations of his voice with enthusiasm, and treasure up his remarks as the oracles of a sage, contribute to extend his works to the remotest borders of our extended Union, and many of the older practitioners in America now read them with great instruction and delight. In fact they cannot resort to any with more profit and advantage, for they contain most if not all the improvements which have been made in this department of our profession for the last half century. We may not *exactly* agree with him *in every point of practice*; and where is the work on medicine, surgery, or any other branch of our profession, in which we can all agree?

\* *Obstetrics: the Science and the Art.* By Charles D. Meigs, M.D., &c. &c., Professor of Midwifery, &c., in the Jefferson Medical College, Philadelphia. Second edition, revised. Philadelphia, 1852.



We see much less to dissent from in this work on obstetrics, than in any other one we have ever before perused. We may not precisely agree with him on the use of anæsthetics in labor, though we think these should be *much less* frequently used than they now are; or upon the use of ergot, which should also be less frequently employed by some, and more frequently by others; or the use of instruments, particularly the forceps, which some may think he uses *rather* more frequently than is absolutely necessary, though on this point, if he errs at all, he certainly errs on the side of prudence and safety. On most of the other important subjects treated in his *Obstetrics*, we most cordially agree.

The subject of the non-contagiousness of child-bed fever, will probably subject the author to greater severity of criticism than any other in his book. While some consider it so highly contagious as to render it culpable for a physician to assist a woman in travail who has recently assisted another one laboring under puerperal fever, Dr. Meigs endeavors to show that there can be no danger from a physician ever communicating it in that way. He remarks on page 630 of his work—"I say that I feel the question to be a most important one, inasmuch as if we are to accept the notion of a contagious origin, we ought also to meet the consequences of that dogma. Certainly that man must be an unfeeling and wicked wretch, who, believing in the contagion of child-bed fever, should yet continue to exercise his ministry at the risk of carrying death and desolation into whatever family he should be called to act the part of the obstetrician. For, if one case is communicable, another must also be communicable; and such a believer is bound in honor and honesty to desist from, or to suspend his ministry elsewhere, as soon as he happens to be called to any case. Let him not change his dress and purify his person, and then go like a poisoner, carrying with him, wherever he goes, a paripatetic doom. Nobody has told him it is his dress that poisons—the malady is contagious from person to person, and not from dress to dress. Let him stop, then, at once, nor visit another patient until a long and perfect quarantine shall have made him no longer dangerous as the upas. If he should have another case, let him stop again in time. Certain writers do make a distinction between the sporadic cases as non-contagious, and epidemic cases as highly contagious. But, who is he that can discriminate in a sporadic case that destroys, and an epidemic one that destroys exactly in the same manner? Whether the woman perish with sporadic or with epidemic child-bed fever, the signs, seats, lesions and results are precisely the same as to the victims, and the power of generating contagion must be identical. It is useless to cavil with me on the facts. Nothing is more false than what are called facts, since nothing is so difficult to know as what a fact is. I have carefully read the cases, considered the arguments, and witnessed many of the events upon which so confident a belief of the contagion is founded—and I aver that I do not discover any force in them, that ought to convince me of the contagious nature of the disorder; wherefore I utterly reject and deny the doctrine as one injurious to the profession of medicine, and pernicious to the people, by filling the minds

of disinterested parties with alarm, and propagating, from age to age, a vile superstition as to the nature and causes of many diseases."

In the course of a somewhat extended midwifery practice of between thirty and forty years in the country, we have seen many cases of child-bed, or puerperal fever, have delivered the women in such cases, and have gone to other women in labor, and assisted them very soon after; but we have never seen the latter women attacked with the same fever. From conversation with our professional brethren in the country, we find that they agree with us in this opinion. It may be said that our cases were sporadic, and not contagious. We hold, however, that like causes produce like effects; that the poison or the miasm is the same in the country as in cities. We have no fears of the contagiousness of this disease certainly in the country, though we are greater advocates of contagion in some other complaints, than many others. We should never forgive ourselves, if we believed that we could in any way communicate the complaint and still continue the practice of obstetrics. We hope this chapter on child-bed fever will be extensively read.

The chapter on cyanosis neonatorum, or the blue disease of children, ought to be carefully perused. The author has discovered a remedy which has saved many children, thus affected, from inevitable death. Children heretofore affected with this complaint, have uniformly died. Independent of the inestimable value of the rest of this work, the knowledge of this remedy alone is worth more than the price of the book. His plan is to place the child, although it may be apparently nearly dead, upon a pillow, on its right side, the head and trunk being inclined upward about twenty or thirty degrees. In this manner it soon becomes quiet, and breathes naturally. It acquires a better color of the face, hands and feet, and in a short time it is well. Very many children have been restored by this simple process, which we hope will be universally adopted.

On the whole, we cannot be sufficiently thankful that Dr. Meigs has presented the world so invaluable a work as this second edition of his *Obstetrics*. We hope the country will be filled with future editions of it.

July 30, 1852.

\* W. W.

#### DEATH FROM CHLORIC ETHER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following is a case of death from Chloric Ether, which occurred in my practice under the circumstances related below.

May 19, 1852—I was called to the neighboring town of Hookset, to remove a tumor from the thigh of a girl aged 12, the daughter of Mrs. B. On my arrival I found the patient somewhat excited, as most children are at that age when the knife is to be used or even any small operation is to be performed. After waiting about thirty or forty minutes for the attendance of the family physician, who I afterwards learned with regret was absent from town, with the aid of a student, who is a good assistant, I proceeded to administer the ether on a sponge. The patient



was placed on the side of the bed, sitting in an upright position, supported by proper assistants; and while one hand was on her wrist, with the other I gradually applied the sponge to the nose and mouth, withdrawing it from time to time as I deemed proper. After continuing in this manner for about ten minutes, amid the struggles of the patient, and perceiving but slight anæsthetic effects, I withdrew the sponge entirely, and after a short interval had elapsed, commenced the application again. In about ten minutes more the patient began to be affected, and soon dropped her head upon the shoulder, when she was placed in a convenient position for the operation; but the moment I took hold of the limb, she was again sitting upright. Again I administered the ether as previously, and until the head dropped as before. The first stroke of the knife, however, roused the patient so much that it became necessary to restrain her, and at the same time I directed the sponge to be applied until she should cease to strive. In about three minutes the struggles ceased, the sponge was withdrawn, and in five minutes more the tumor was removed. At this time the pulse and respiration, which had hitherto remained good, told me that all was not right. Immediately we commenced giving stimulants, applying ammonia to the nose, dashing water on the face and chest, rubbing and elevating the extremities, exciting artificial respiration, and using all the means recommended in such cases, but without avail. The respiration became more feeble, the pulsations of the heart hardly perceptible, and continuing in this state fifteen or twenty minutes, she died.

I have been in the habit of administering the chloroform and chloric ether, ever since the discovery of these anæsthetic agents, in all operations of any magnitude, and have never seen the least injurious effects result before the present instance. Why this case should terminate thus, having used all necessary precautions, I am unable to divine. On my way to the patient I procured of a respectable apothecary  $\frac{3}{4}$  ij. of concentrated chloric ether,  $\frac{3}{4}$  ss. of which remained after the operation. The girl was below the medium size, in her usual but impaired health, of scrofulous diathesis, and had had an attack of paralysis some two years since, which left one arm nearly useless. I stated to the friends the danger, cited cases of fatal occurrence in the administration of this potent agent, and left them to decide, at the same time giving my influence in favor of its use. I have since used and shall continue to use this valuable agent, notwithstanding I have met with this unfortunate case.

I have been thus particular in this narration, in consequence of an incorrect report which appeared in a late number of a periodical styled the "New Hampshire Journal of Medicine," to which my attention was directed by a friend. The cause of the disingenuous manner in which the tyro-Editor has seen fit to misrepresent this case, is best known to himself.

*Concord, N. H., July 31, 1852.*

TIMO. HAYNES, M.D.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, AUGUST 11, 1852.
 

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*Diseases of the Season—The Use of Fruits.*—There were formerly certain undefined complaints during the latter part of summer, familiar to every body in New England, termed diseases of the season, of which many died, and of which fruit was generally supposed to be the all-powerful cause. A greater mistake was never made by an intelligent community, than to suppose that apples, pears, plums, peaches, berries, melons and the like, when fully ripe, are injurious either to individuals who fall below the standard of sound health, or to the more strong and robust. It is a misfortune that fruits are so dear that the poorest people cannot have that of the best quality, and sometimes can have none at all. As all the laws of nature are harmonious, and one never conflicts with another, it is very certain that fruits were wisely intended as an essential part of the food of man, particularly at the seasons when they are ripe. It is necessary to exercise reason in the use of them, as in every thing else. If we eat that which is decayed or crude, it is a violation of a physiological law; and so also is a total abstinence from them when scattered plentifully over the land. Fruit, therefore, may be considered necessary to the maintenance of health, and its free consumption should always be encouraged. Those who cannot obtain the good, often ravenously devour the unwholesome, from an instinctive desire implanted in their nature. To the abuse, and not the proper use of fruit, may be charged the occurrence of what are called the diseases of the season.

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*Congress Boots.*—A singular topic for a medical discourse—nevertheless shoemakers seem not to have discovered that the patented Congress boots and shoes, which are kept as tightly fitted to the ankle as a boa constrictor would hold his prey, are injurious. It would constitute, we think, a formidable list, were some one to write down all the swelled feet and dropsical limbs, made so by the use of these very gracefully fitting, but objectionable India rubber contrivances. They bind the veins as closely as a ligature for bleeding, and therefore very seriously interrupt the functions of the superficial vessels which are under their unrelaxing pressure through the day. The fact is undeniable that our ancestors understood the art of being comfortable far better than ourselves. They lived longer, and were freer from the thousand aches and pains with which the present generation are familiar. Tight cravats, gum-elastic garters, ladies' under garments held up by cording the waist to the injury of all the vital apparatus, instead of suspending them from the shoulders as they should be; these have been the beginning of thousands of cases of sickness, that have ended in premature death. But the Congress boots are the latest health destroyers, insidiously beginning the work of destruction so low down as to have long escaped observation. The utmost freedom should be given to the vessels about the ankles, where such a variety of tubes and vessels are converged into a small space. If they are unnaturally girded, and the flow of fluids impeded, a disturbance in the system must follow; but the true cause in numberless instances has been overlooked.



*Sleeping on Spiral Springs.*—Mr. John Putnam, 404 Washington st., Boston, is the manufacturer of a new kind of bed, surpassing all former inventions in respect to comfort, cleanliness and economy. A series of spiral springs are set up endwise, covered by a tick; and if a sleepless man can be lulled into repose any where, this bed is the place. No fluids can be absorbed; perfect ventilation is secured, and money saved. Aside from the many intrinsic good qualities possessed by this novel bed, it is a curiosity. Our physicians should examine the matter, for it is quite certain that a point has been gained of importance to the preservation of health.

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*Matriculation Fees.*—Can any one explain the object of taxing students five or ten dollars when they enter their names at our medical schools, or justify the exaction? Half the young gentlemen who embark in the study of medicine have scarcely the means of paying their other expenses. Of the cost of lectures, nobody can complain, but the matriculation charge looks like extorting a little extra money because it is convenient to have it, and because no person presumes to ask what becomes of it. It is quite time that this indirect manner of raising a revenue should be investigated.

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*New York Medical College.*—With every convenience for imparting knowledge, an excellent building, a spirited, talented faculty of growing reputation, the prospects of this college are very flattering. Young America is there, active, diligent and hopeful. Old fogysm in science, as in politics, is becoming obsolete. Freshness of thought, ingenuity and application, and a happy tact in communicating instruction, must be estimated above prosy, hum-drum discourses that have been repeated till they have become opiates.

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*Kentucky School of Medicine.*—The third term of this new institution, located at Louisville, where another flourishing college has been established many years, will commence at the usual period. The faculty are no strangers to the medical public of the United States, and may prosperity attend their efforts. Last year they had one hundred and ten students, graduated twenty-six, and conferred four honorary degrees. The old school, of which the celebrated Dr. Gross, the author, is professor of surgery, maintains its high reputation. Louisville may be considered one of the medical centres of the south west.

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*American Journal of Dental Science.*—A more able work is not in the service of any learned body in this country. There is not quite as much original matter, however, in the July number, as the high attainments of dental surgeons in the union naturally leads the public to expect. Choice as the selections may be, original papers are always preferable.

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*Inadequate Compensation to well-qualified Physicians.*—It frequently falls to our lot to become acquainted with peculiarly discouraging circumstances attending the practice of the profession in some of our country towns. These are mostly in cases of young practitioners, who are in general obliged to locate themselves in places which, although apparently pre-

senting the best openings, afford but little business to a new beginner. Instances are constantly occurring of the most heroic self-denial and patient perseverance in young men, who have come from our schools in all the ardor and freshness of youth and the buoyancy of hope, with the best testimonials of their qualifications and the consciousness of good intentions, but who are obliged not only to keep aside while their elder brethren take the best practice of the place, but also to see the itinerant medicine-monger and the ignorant quack patronized and caressed. In these cases sterling merit and industrious, faithful application do generally succeed, and victory is attained. But the most melancholy class of cases are those in which age and experience, following a youth of well-trained, studious preparation, and a manhood of conscientious and skilful practice of the profession, are still unable to command a fair remuneration or to compete with ignorant and brazen-faced pretension. Such, we are sorry to say, do occur among us, and it is in view of one of them that these remarks have been penned. The following is a brief extract from a letter recently received at this office from a physician in Maine. It speaks for itself, and suggests topics of reflection which we have not space further to allude to at present.

"And now, having followed the Journal, or rather the Journal having followed me, twenty-three years, through good report and through evil report, I must ask you to discontinue it. The income from my practice is so small that I am not warranted in taking it any longer. Indeed, the most arrant quack, without a medical book or paper, gets more practice and better pay than our mediocre regulars. I think I shall turn my attention to other business chiefly, but when I feel able shall resume the Journal again."

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*Neglect of Editorial Courtesy.*—Some of the Medical Journals are in the habit of copying articles from our pages, without indicating the source from which they are taken. A paper by Dr. Ayer, of Boston, lately appeared in the Canada Medical Journal, extracted from this publication, and presented without any external evidence that it was not communicated particularly for that Journal. Last week the Eclectic organ of the free thinkers appropriated to its pages a long article from Dr. Hoyt, without so much as saying that it had been taken from one of their exchanges. We trust this paragraph will draw the attention of those concerned, in such a way as to correct the grievance complained of.

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*Spiritual Communications.*—Neither the candid experiments and observations of our correspondent, Dr. Taylor, nor the exposures and the ridicule of others in and out of the profession, appear yet to have had much effect on the mania which has prevailed so extensively through the country. The following from the Western Medical Journal, of Louisville, Ky., gives some further insight into the system of imposture which has been practised in this matter by interested individuals.

"Our readers will remember the exposure made of the "Spiritual Rappers," by Dr. Lee, Dr. Flint, and others, at Buffalo, a few months since. Notwithstanding that the pretensions of these young ladies were so effectually exposed on that occasion, they are still perambulating the country, imposing upon the credulous, and turning the heads of a few weak people. They paid a visit to Kentucky, a short time since, and were in Lexington,



where they were met by our friend, Dr. Darby. We have received from the doctor a long and amusing account of his interview with the Misses Fox, the sum of which is, that when they found he had come to investigate rather than to stare, they refused to perform. We would give the whole of his interesting letter if we did not deem the humbug unworthy of any further notice. Suffice it to say, the Misses Fox made a very short stay in Lexington. They felt that their tricks had been exposed, for Dr. Darby adds, "they would not appear the day after he saw them, although they remained in the city till the afternoon train of cars left for Louisville." We learn from Dr. D., that more than one physician had marvellous stories to tell of the fair jugglers, after an interview with them, and no doubt that wherever the "Rappers" go they will find, even among the learned, good subjects to help on with the imposture. Nevertheless, we think it must now soon come to an end."

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*Death from Chloroform.*—Another of these melancholy occurrences, which took place last Friday, is thus recorded in the Transcript of this city. As in the case reported by Dr. Haynes on another page, no blame appears to attach to the mode of administration, but it is becoming a question of serious import whether the article should be administered under any circumstances. A full account of the case will be given next week.

"A young German named Henry Keyser, about 17 years of age, while at work in a cooper's shop on Tuttle's wharf, had his hand so badly injured in some of the machinery, that amputation of a finger was deemed necessary. Dr. Folts, an experienced surgeon, proceeded to the task, having first administered chloroform in the usual manner. During the operation, however, the Dr. observed that his patient became ghastly pale, and immediately removed the sponge. But it was too late. In a few moments after his situation was discovered, he ceased to breathe. Coroner Sanborn was called and held an inquest in the afternoon, and returned a verdict in accordance with the above facts, entirely exonerating Dr. Folts from all blame."

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*Castor Oil for Railroads.*—*Physic vs. Friction.*—It is said that the Illinois Railroad, from Naples to Jacksonville and Springfield, use castor oil entirely on their car-wheels. The article has done good service in the hands of the faculty, but it will doubtless lose some of its potency should it come to be sold in the market as oil for machinery.

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*Anomalous Tumor.*—From the proceedings of the New York Academy of Medicine, last week, as published in the Herald, we copy the following notice of a tumor by Dr. Detmold.

"Dr. Detmold begged to present to the meeting a large tumor, of an unusual description, which he had taken from a breast which he had removed from a lady lately. He wished to draw the attention of members to it, as he considered it a tumor to which no name can be assigned. In my opinion it arises from an hypertrophy of the cutis, differing from ordinary hypertrophy. The lady from whom I removed this, was born with a slight elevation of the right nipple, and it gradually increased—this tumor formed and grew to such an extent that the mamma reached down to the groin. Unless extirpated, the tumor may degenerate and put on the appearance of

scirrhus; or if the skin be broken, run to gangrene. I look upon it as an affection of the fibrous tissue, and one that approaches nearer to elephantiasis, than any other I know of. This is a subject of peculiar interest to the surgeon—it is a congenital hypertrophy, for the same process is now going on in the other breast, and a microscopic observation at the time of the operation exhibited smaller tumors in other parts of the body. I have now under treatment, a boy with a similar affection in his nose, presenting the appearance of a double nose. I had thought to have him here to-night, but he was not in a condition to come.

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*Medical Miscellany.*—Mr. Gideon Miles, of West Chester, Pa., is the father of seven sons and two daughters, all of whom are living, except one who died within a year. The following is the weight of the survivors:—252 lbs., 238, 190, 219, 190, 230, 190, 200 and 204. The father still lives at the good old age of 76. The joint weight of the father and eight children is 2,133 pounds. A *weightier* family than the *nine Miles* will not be found in fifteen miles.—Bowel complaints among children are now very general, and the fatal cases have much increased in this city the last week.—A dread of the effects of chloroform, in consequence of the fatality that has repeatedly followed its administration of late, may finally induce the dentists to fall back on ether, which never was known to do any harm.—A wicked method of giving ale its proper character in regard to flavor, is said to be due to *strychnine*, a horrible poison. The matter should be investigated by municipal authorities.—A new work is about appearing in New York, from the press of Fowlers & Wells, on the water-cure treatment. Confessions of a Water-Patient, by Bulwer, is a prominent gem in the imagined casket.—Cholera is creeping onward from the west, and has swept off a number of persons very suddenly at Rochester, Western N. York. In Europe, they scarcely chronicle its advent any where, having become familiar with its waywardness. The laws by which this destructive disease is governed, are as much unknown as they ever were.—Dr. Andrew McFarland, Superintendent of the New Hampshire Asylum for the Insane, at Concord, has resigned his post, which he has ably retained from the commencement of the institution.—Dr. Edward Hartshorne has been elected Surgeon to Wills' Hospital for diseases of the eyes and limbs, Philadelphia, in place of Dr. Neill resigned.—Dr. Jos. Leidy has been appointed pathologist to St. Joseph's Hospital, Philadelphia.

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TO CORRESPONDENTS.—Papers by Drs. Cartwright, Sargent and Chabert have been received.

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DIED.—At Vicksburg, Miss., Dr. Halsey, of New Jersey, and formerly a surgeon in the Mexican War.—At Philadelphia, Richard Wilson, M.D., of St. Jago de Cuba, 53.—At Philadelphia, Dr. Parrish, an eminent medical practitioner.

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*Deaths in Boston*—for the week ending Saturday noon, August 7, 122.—Males, 67—females, 55. Accidental, 5—disease of bowels, 3—inflammation of bowels, 5—disease of brain, 3—congestion of brain, 3—burn, 3—consumption, 10—cachexia, 1—cholera infantum, 6—cancer, 1—croup, 1—debility, 1—dysentery, 5—diarrhoea, 3—dropsy, 1—dropsy of brain, 6—erysipelas, 1—typhus fever, 1—scarlet fever, 12—disease of heart, 2—inhalng chloric ether, 1—infantile, 13—inflammation of lungs, 3—disease of liver, 2—marasmus, 7—puerperal, 4—disease of spine, 1—teething, 9—thrush, 3—unknown, 1.

Under 5 years, 77—between 5 and 20 years, 12—between 20 and 40 years, 18—between 40 and 60 years, 9—over 60 years, 6. Americans, 39; foreigners and children of foreigners, 83. The above includes 7 deaths at the City institutions.



*Case of Rupture of the Bladder from an Unusual Cause.*—By CHARLES R. SMYTH, M.D., of St. Genevieve, Missouri.—A remarkable case of the above character happened here on the 19th inst. The subject was a negro man belonging to Mr. Auguste St. Gemme. The occasion was in this wise :

The deceased, a blacksmith himself, was holding a very active horse while being shod. The animal became very impatient, and pushed the man over against a fence ; he then swung around suddenly, bringing his hinder parts against the boy's abdomen. The negro fell to the ground immediately, exclaiming that he was hurt. I saw him a few minutes afterwards, and found him vomiting, skin cold and clammy, pulse low and compressible. I recognized the case to be rupture of the bladder. He died in five hours.

Examination twenty-four hours after death : abdomen tympanitic, no dislocation or other marks of injury externally. On dividing the peritoneum, the intestines were found floating in the escaped urine, the bladder was found in situ with a rent of about four or five inches in its lateral posterior part. I have not been able to obtain it, which I regret. It was fully distended at the time of the injury. The subject of this case was about forty-five or fifty years of age, of dissipated habits, and appeared to be subject to chronic rheumatism for a few years past.

The case is interesting as showing the effects of *concussion* on membranous elastic bodies, filled with fluids. Your extensive acquaintance with surgery, will readily suggest parallel cases.

I have never met with one of the same kind precisely in my practice.—*St. Louis Med. and Surg. Journal.*

*Dr. Gross's Work on the Urinary Organs.*—A late number of the British and Foreign Medico-Chirurgical Review contains a notice of the late work on the urinary organs by our countryman, Prof. Gross, of Louisville, Ky., from which we copy the following favorable preliminary remarks. After referring to an English work on the same subject, the writer proceeds :—

"It has remained for an American writer to wipe away this reproach ; and so completely has the task been fulfilled, that we venture to predict for Dr. Gross's treatise a place in the literature of surgery, worthy to rank with the best works of the present age. Not merely is the matter good, but the getting up of the volume is most creditable to transatlantic enterprise ; the paper and print would do credit to a first-rate London establishment ; and the numerous wood cuts which illustrate it demonstrate that America is making rapid advances in this department of art. We have, indeed, unfeigned pleasure in congratulating all concerned in this publication, on the result of their labors ; and experience a feeling something like what might animate a long-expectant husbandman, who, oftentimes disappointed by the produce of a favorite field, is at last agreeably surprised by a stately crop, which may bear comparison with any of its former rivals. The grounds of our high appreciation of the work will be obvious as we proceed ; and we doubt not that the present facilities for obtaining American books will induce many of our readers to verify our recommendation by their own perusal of it."

Deaths in Philadelphia, from March 28 to July 3, 2634.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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RICH FRUITS OF THE NEW DOCTRINE OF THE MOTIVE POWER  
OF THE BLOOD.

COMMUNICATED IN A LETTER TO MRS. EMMA WILLARD, OF TROY, BY SAMUEL A.  
CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

*New Orleans, July 26th, 1852.*

DEAR MADAM,—I am about to write you another strange and extraordinary letter, telling of wonders almost too wonderful for credence—rich fruits of your discovery that “the chief motive power of the blood is located in the lungs and derived from respiration.” Three times it died and three times it was brought to life again. It was on or near the glorious 4th of the present month of July. It was not a crocodile, or a *la grande dragonne*, as the French call the animal, familiarly known as the alligator. It was not a *nouveau né* which had never breathed before; but it was a laughing, cooing, smiling, cherub-cheeked little boy, with sparkling eyes and golden hair, its mother’s joy, and its father’s hope of perpetuating an honored name. Such was one of the weak things of this world chosen to confound the over-wise and prudent physiologists of Europe and America, who have condemned, slighted and despised the great discovery, lately made in the western world, that “*the chief motive power of the blood is located in the lungs and derived from respiration.*”

Three times it died and three times it was brought to life again, by the child’s father using measures to bring into action that very motive power in the lungs, first announced by you, as existing therein; a power denied and not recognized by the attending physicians of the little patient as having any existence, and generally repudiated by the profession as a wild dream of yours not worth notice. Is prejudice so strong, that this generation must pass away and another arise, before a newly-discovered power shall be noticed and recognized, which has three times proved its existence by raising the dead? It must. Dowler, who wrote an able monograph on “*Death*,” said that death was on the child, and left the house. Some of the other doctors sat by it until the little sufferer, to all appearances, breathed its last, and all signs of life had vanished, even in the ultimum moriens, the right ventricle. They then left the house of mourning. Let us leave it also. We will return to it by-and-by, and you shall have the pleasure of seeing that your discovery of the motive power of the blood has, in the interval, converted that house



of wailing and woe into a house of joy and gladness. Close by, in a studio, I desire, if you please, to introduce to your acquaintance a physician, whose great learning and happy faculty for indoctrinating, his genius for writing, his being a master of logic and his natural ability to make the worse appear the better reason, are well known among us, and who has long since withdrawn from the practice of medicine—its dull routine not being in accordance with his tastes. He is now, and long has been, properly speaking, a professor, a writer, a critic, a reviewer, and a most formidable antagonist in controversy. It is no less a personage than Albert W. Ely, A.M., M.D., and perhaps entitled to put after his name the talismanic letters LL.D. You will see in him the great southern opponent of your doctrines of the circulation of the blood. But he is not in. There is his great arm chair, and there the gray goose quill with the ink in it, scarcely dry from the work of representing your discovery in the shape of a Nilotic ruin, sorrowful to behold. When I heard that that scathing critic and able professor of belles-lettres was going to take the field against the doctrine that “the chief motive power of the blood is located in the lungs and derived from respiration,” and that he would be supported by Dr. Bennet Dowler, of world-wide fame, a host within himself; by Prof. Riddell, of the Louisiana University, in science a head and shoulders taller than the most of men; by Dr. Hester, editor of the New Orleans Medical and Surgical Journal, and many other distinguished names, I saw that the crisis was coming for the doctrine to stand or fall. If it could hold its own against such odds, it might be expected to withstand anything. Learning that Dr. Ely would take the ground that alligators are curious animals, and will die and come to life again whether the trachea be tied or not, and that Dr. Dowler was actually preparing a paper for publication, setting forth *in the first words of the title page*, “that ligation of the trachea will not kill these reptiles,” and that he would quote the experiments of the 6th of May, reported by me, in proof of his position, where the animal revived before the ligature was removed (without giving any weight to the fact, since abundantly proved by eye-witnesses, that the bronchial tubes and lungs had been cut into below the ligature about five minutes after its application and anterior to the resuscitation), I concluded not to wait for the combined forces to make the attack, but to attack them at once in their untenable position. I sent to La Fourche Interior, to the Balize, and to various places, for an alligator of good size, promising the fishermen a good price for *la grande dragonne*. But the report was that no *la grande dragonne* could be caught alive, as he broke their hooks and tore their nets to pieces. At length a lucky chance threw into my possession quite a large, fierce and vigorous crocodile from the battle-ground below this city. And now I must report to you the experiment with my battle-ground crocodile. It turned out to be a 23d of December affair to the opposers of your doctrine—an omen of what was coming on the 8th of January, or rather on the 4th of this present month of July, when the great leader of the opposition to the great American discovery was swept from the field. Not, however, by anything I did, calculated to exalt me in my own eyes, but rather to humble me and to show how very ignorant I am. Need I

tell you that the leader of the opposition was put down (or, more properly, exalted in being shown the truth) by the interposition of that mysterious power, which had moved you, many years ago, much against your will and the advice of your friends, to make your discovery of the motive power of the blood known. But I must leave you in suspense here until you look over the report of the experiment, and to-morrow you shall hear the sequel.

Very respectfully your ob't serv't,

SAM'L A. CARTWRIGHT.

*To Mrs. Emma Willard, Troy, N. Y.*

#### ULCERATION OF THE INTESTINES—ENORMOUS DISCHARGE OF PUS FROM THE BOWELS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—If you think the following communication will be of interest to the numerous readers of your valuable Journal, you will please give it an insertion.

Dr. Moses L. Atkinson, of Lawrence, aged 37 years, of good general health, of sanguine and rather scrofulous temperament, was on the 10th of April, 1851, while at Springfield, taken with frequent bloody discharges, attended with severe pain, griping and tenesmus. He remained there from Wednesday until Saturday, without doing much for himself, and then took the cars and came home, a distance of 125 miles. He arrived home about 6 o'clock, P. M., much fatigued and exhausted from his journey and the effects of heat, the weather at that time being extremely warm. I saw him immediately upon his arrival. Found him suffering with severe pain in the bowels, frequent muco-bloody discharges, attended with griping and tenesmus; his pulse 86 and feeble. There was tenderness of the abdomen and a little distension. I prescribed opiates and sub-muriate hydr., with mucilages, warm fomentations to the bowels, together with injections of starch and morphine. This relieved the pain and lessened the frequency of the discharges for a time, and he got a little rest during the first part of the night. Before morning the pain and discharges returned, with all their former severity. Dr. Huse, of Methuen, was called. We applied leeches to the abdomen, continued the opium and sub-muriate in increased doses, with morphine injections, so as in some measure to control the pain and the frequency of the discharges. There was a haggard look of the countenance, and both physicians and friends felt the greatest solicitude and anxiety from the beginning.

During the first week, Drs. Dalton of Lowell, and Bowditch of Boston, were called in consultation. The patient continued extremely sick, and on the 18th had a very distressed day; severe pain, great prostration of strength; discharges of bile, mucus and blood, were frequent and painful—fainting, with great general debility, attending. At this time it was thought by us all that he could not survive the acute or active stage of the disease. His appetite was gone, stomach irritable, with retching and occasional vomiting. The anodyne and mercurial



treatment was continued so far as practicable. Morphine and mucilaginous injections had the best effect in affording relief.

Sept. 24th, had a very bad day; discharges frequent, copious and very painful. It appeared evident he could hold out but a short time. Hiccough now commenced, and was very severe for six or seven days; it was difficult to retain anything on the stomach; his flesh wasted rapidly, and his strength was gone. The hiccough at length subsided and he rallied in some measure, the stomach became quiet, and he remained more comfortable.

Between the third and fourth week there was a partial crisis; the symptoms assuming a milder form, and the evacuations having the appearance of pus. He remained more quiet for two weeks, having from four to six discharges per day, of a muco-purulent matter, and a larger number if not controlled by injections and opiates. The discharges now became more like pure pus, and he had occasional chills. No appetite, loathing all food, and if any was taken it was often rejected at once. Emaciation continued, and he was so feeble as to be unable to turn himself in bed or to draw up the lower limbs.

After this his stomach became quiet, and his appetite improved. He took beef-tea, chewed meat and swallowed the juice. For two weeks he seemed to mend a very trifle, having a good appetite, and his tongue was clean. His desire for food was now good or rather craving, and he indulged in eating some tripe several times.

Soon after this his appetite again failed, and in a few days he was taken with severe pain in the bowels, which continued to increase until he was in the most excruciating distress. A cold sweat broke out upon the surface of the body, the extremities were cold, pulse 98 and tremulous. I feared, for a time, that perforation of the bowels had taken place. His mind was clear, and he thought he could live but a short time. After continuing for nearly five hours in perfect agony, the pain was quieted by opiates given both by the stomach and injections, bottles of hot water to the extremities, anodyne lotions to his bowels, stimulants, &c., and we had the satisfaction of seeing him fall into a quiet slumber.

On visiting him the next morning, I was truly astonished to see how much human nature could endure. His mind was calm and clear as the setting of a summer sun, countenance deathly pale, features shrunk, skin drawn close upon the bones, pulse 108, and prostration extreme. We thought he could live but a few days at most.

After lingering in this low state for a few days, to our surprise he revived in some measure, but could not take much nourishment for two weeks—all the time having from four to six discharges of well-digested pus in twenty-four hours, amounting in all to five or six ounces, and the pulse ranging from 98 to 106. Had occasionally large fecal discharges, always attended with severe pain and prostration.

At length his appetite again returned, and he began to chew meat and swallow the juice. There was constant soreness in the right iliac region, and if pressure was made upon that part it would produce sickness at the stomach and fainting. There was fulness, with the appearance of enlargement of some organ in the left side, which was painful

and tender on pressure. For a time it was difficult to determine the nature of the swelling. After some time, by the use of cathartics, in conjunction with large quantities of warm injections, we were enabled to procure large fecal evacuations, which were invariably attended with severe pain, and at length the tumefaction subsided. The purulent discharges continued nearly the same, without much pain, appetite good, mind clear most of the time.

Thus week after week he remained prostrate from the effects of discharging six ounces of purulent matter in twenty-four hours. Once in six or seven days he would have a poor turn and go down a little lower, if possible, and from which he could not rally. He was cheerful most of the time during the day, with full confidence of recovery, and anxious about his business. He rested tolerably well at night most of the time, by taking a small quantity of morphine in a little chicken-broth by way of injection.

In the latter part of November he had some pain and uneasiness in the chest, but no cough. He was extremely weak, and could not move himself in any part except his arms. He continued through most of the month of December without much alteration, except the very slow wasting of the vital powers. Sometimes his mind was flighty, and he was inclined to be talkative. His appetite was good, and he took considerable nourishment.

About the first of January the discharges became more putrid, and occasionally streaked with blood. His appetite again failed. There was depression of the chest, labored breathing, by turns, and fainting; partial paralysis of the muscles of the right side of the face and upper eye-lid; had from three to six purulent discharges per day, and very putrid. Took but very little nourishment of any kind, but resting some at night, by taking M<sup>r</sup> Munn's elixir and small injections of morphine. Feet swollen, and the muscles in the ham of one leg contracted. His mouth sore, deglutition difficult, and sickness at the stomach.

From the 10th of January to the day of his death he looked like a breathing skeleton. Mind occasionally a little wandering; pulse from 110 to 124, and scarcely perceptible. He suffered but little from pain at this time, except by short intervals. On the afternoon of the 18th he became more restless, his mind bewildered, and he suffered very much until 11 o'clock, P.M., when death ended his long and tedious disease.

It would be useless at this time for me to describe all the treatment through so long a disease. Suffice it to say, that through the active or early part of it the antiphlogistic treatment, with anodynes, was pursued so far as was thought advisable. Then followed cathartics, blistering the abdomen, lotions, fomentations, leeches, &c. &c. Astringents of various kinds, opium, tannin, sugar of lead, catechu, kino, nitrate of silver both by the stomach and injections, tonics, bark, gentian, columbo, and syrup iodide iron, acids, with quinine and the cod-liver oil. The two latter remedies he took for a long time, with full confidence that they would cure him.

This has been one of the most extraordinary and interesting cases I have ever met with. The amount of pus discharged from the bowels,



and the duration of the disease, are to me truly astonishing. For 126 days, or 18 weeks, we thought each week might be the last. Yet through the exertions of many kind friends, the unceasing and never-tiring efforts of a noble and most affectionate wife, the unwearied and constant devotion of a more than kind sister, together with what little aid I could afford, assisted by the advice of Drs. Huse, Dalton, Bowditch, Peasley, and (others whose kind solicitude and able counsels I shall ever remember with kindness and esteem), the powers of the constitution would rally, and death seem to linger as though loth to destroy its noble victim.

*Post-mortem examination, forty Hours after Death.*—External appearance showed the greatest degree of emaciation I ever witnessed. The bowels were completely fallen in, so much so that the curve of the spine presented a large tumor in the abdomen. On opening the integuments and muscles, or rather the skin, for that was nearly all that was left, the omentum was found entirely gone, not a vestige of it remaining. The bowels collapsed, lying closely down upon the posterior wall of the abdomen, with the curve of the spine projecting forward of all the intestines, which were dark, and easily broken by handling. On opening them, they were found to contain a small quantity of brown fecal matter, and more of pus. The whole interior of all the large intestines, and some of the lower portion of the small ones, were in a state of complete ulceration, the inner coats completely destroyed, and in many places the ulceration had extended nearly through all the coats. The spleen and pancreas were found a little hardened and firmer than natural. The biliary organs were dark, and exhibited signs of slight inflammation. The other organs nearly normal, except the extreme emaciation.

Upon making this examination, and learning by ocular demonstration the nature and extent of the ulcerated surface of the intestines, and considering the amount of pus which had been daily discharged for so long a time, it seemed truly wonderful that a man could hold out so long against the ravages of so much disease, with such a drain from the system, and while taking so little nourishment.

Yours,  
Lawrence, Aug. 2d, 1852.

SENECA SARGENT.

#### DEATH BY CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have this moment received a note from you requesting an account of the unfortunate case of etherization that occurred in my practice on Friday last. It was my intention to have drawn up a statement of the case for your Journal, and so will at once comply with your request.

Henry Keyser, a German by birth, aged 17, was brought to my office yesterday about noon for surgical aid. The middle finger of his left hand had been caught in the gearing of the machine at which he was at work; the last phalanx was carried away and the soft parts badly

lacerated and torn. It was thought best to remove a portion of the next phalanx, so that when the mangled muscles, ligaments, &c., should be removed, the extremity of the bone might still be covered. The young man looked pale, and appeared to suffer great pain; but beyond this I observed nothing unusual in his appearance—and saw no reason why ether might not safely be administered, and the further infliction of pain obviated. I made the proposition, and he at once began to inhale a mixture of chloric ether and chloroform. There was about ten per cent. of chloroform contained in the mixture. The inhalation was continued for about four or five minutes, with now and then an interruption by his pushing the sponge away with his hand. Appearing insensible, the operation was commenced, but the first stroke of the knife made him start with a loud expression of pain. He began to vomit, and now sensibility was in a great measure restored. The sponge, replenished, was again applied, and he complained of its making his lips smart. I at once removed it and applied *ol. oliv.* The sponge was again applied over the nose and mouth, and inhalation carried on as before, and for about the same length of time as at the first attempt, or it may have been a minute or two longer. He again appeared unconscious; and to prevent his waking up as before, I gave the sponge—now containing very little ether—into the hands of Mr. Merrill, directing him to hold it still over the face; but there was again retching and an attempt to vomit, from which cause he but illy succeeded in retaining the sponge as directed. I again commenced the operation, Mr. Venner, who came with the young man, holding the hand.

Up to this time, there was observed nothing remarkable either in his general appearance, the pulse, or the respiration. I had made only two incisions, and was attempting to tie the outside digital artery, which was bleeding, *per saltem*, showing that up to this moment the circulation was good, when my attention was directed by Mr. Merrill to the appearance of the patient. I saw at once that he was either dead or dying, and directed my assistants to help me lay him at once on his back. I sent one of them for medical counsel, whilst the other assisted me in applying restoratives. I found the pulse at the wrist gone, the action of the heart very feeble indeed, and respiration in a moment ceased. But by the application of strong ammonia to the nose, dashing ice water over the head, &c., he again began to gasp, and was breathing convulsively when Dr. Parcher arrived. But a few heaving inspirations, at long intervals—the action of the heart meanwhile growing more and more feeble—and all was quiet. My patient was dead. Dr. Parcher assisted me in the diligent application of the usual means for resuscitation in cases of suspended animation—but all to no purpose, the vital spark had fled.

I regret that I am unable to give the post-mortem appearances of the internal vital organs, the friends objecting to an autopsy being made. And yet I very much doubt whether the knife would have revealed anything new. Such, then, are the facts in this unfortunate case. I had read of deaths from chloroform, but had hoped never to have seen one. A coroner's inquest was held at my request over the body of the de-



ceased, a few hours after death, and the jury returned a verdict in accordance with the facts above stated.

But the question will arise in the minds of all who may read this article, how was death caused in this particular case? Was it owing to an impure article used? Was it unskillfully administered? Or was there something peculiar in the organization of the patient, or the state of the nervous system, at the time, rendering this agent toxical with whatever precaution used? That the last position is the true one, is my honest conviction.

On the first question, I have only to remark, that both the chloric ether and chloroform were obtained at W. B. Little's apothecary store, on Hanover street, where I have usually supplied myself for several years past. And in addition I can state this important fact, that from the same bottle I had administered the ether in a number of cases previously with the usual effect. And furthermore the mixture in the phial, containing the small per cent. of chloroform mentioned, had been tested only a few days before, in a case where a similar operation on a finger was required. This patient inhaled from two to three times the quantity that Keyser did, with the happiest effect, and walked home after the operation.

Secondly, I would remark that I have habitually used anæsthetic agents in my practice since their first introduction in this city, and never before witnessed any alarming or injurious effect from their use. At first I employed sulphuric ether; then, for nearly two years, chloroform exclusively. But finding that, according to the experience of others, ether seemed more safe, I have for almost two years relied upon this agent in obstetric and surgical practice, using chloroform only in cases where the ether appeared not to induce anæsthesia very readily. My plan of administering these agents has been uniform. I have never used an inhaler of any kind whatever. The sponge is the only article I have ever used, unless it was the handkerchief or napkin in a few instances when no sponge was at hand. I have always made it a point to admit an abundant supply of atmospheric air into the lungs, and when the patient complained of suffocation permitted him to push the sponge away for a few moments, and then go on with the inhalation. The sponge I used the other day is of small size, not holding above two fluid ounces, and was seldom filled beyond half its capacity. It is the same sponge that I have used for more than five years, and is so open that, of itself, it is no obstacle whatever to respiration when placed over the mouth and nose.

In regard to the quantity used in the present instance—the phial had on it an apothecary's label; and, before moistening the sponge, the fluid did not reach the lower edge of said label. This fact was remarked by Mr. Venner as well as myself, and there still remains in the phial nearly one ounce of the fluid. In the opinion of the physicians—Drs. Parcher and Thorndyke, who were on the inquest—the quantity used was about two ounces or a little over. By weight it may have been more.

Finally, I learned from the mother of the young man, that he had

never been sick, but had been a child of penury and want, suffering at times for the necessaries of life ; also that he had met with an accident some years since, on account of which he lay in a fainting condition for some time. One of the men who came to my office with him, but who passed out as I came in, told me, the day after, that he " had no doubt but that Henry died from the effects of fear " ; that he trembled like an aspen leaf when he was coming from the shop. We all know what a terrible influence *fear* has over the vital economy. Why, a friend of mine mentioned, in connection with this case, that he once knew an artisan, who died in this way without taking ether. His knife slipped in his hand, and he *thought* he had inflicted a serious wound on his thigh. He swooned away, and all efforts to revive him were unavailing. The surgeon found only a slight scratch of the skin—but his patient was dead !

My conclusion, then, is, that the fatal consequence attending etherization in the present instance is not owing to any inferiority in the article used, to want of care in its administration, nor to any organic disease in the patient ; but that we must look for it in the naturally delicate organization of the subject, rendering him very sensitive to external impressions, in the shock that the nervous system had sustained in the injury, and last, but not least, in the influence of *fear*. Not in any one of these singly, but in the three combined.

In haste, yours most truly, DAN'L V. FOLTS.

37 *Maverick Square, E. Boston, Aug. 9, 1852.*

#### CASE OF OVARIAN DROPSY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I forward for publication in your Journal the following case of ovarian or encysted dropsy, accompanied with a hepatic state of the system. This case had been treated unsuccessfully before I saw it, as being a case of ascites.

The patient, Mrs. Durand, wife of Mr. George Durand, of Greenport, Long Island, is a young woman of a full habit, florid complexion, dark hair, and a very sanguine temperament. I am not acquainted with the treatment she had gone through previous to my seeing her, but presume it was such as is usually resorted to in cases of ascites. She called on me about the 1st of March, 1852. Her abdomen was very much distended, but presenting a greater amount of swelling on the right than on the left side, and on pressing on this side it had a greater feeling of density than the other. Her stools were dark, indurated and offensive ; her urine scanty, high colored, and reddening litmus. Her face, eyelids and extremities did not present any of that appearance of swelling which usually accompanies ascites and anasarca. She was under the impression that she might be pregnant, in consequence of her having been irregular. On making an examination per vaginam, I found the uterus in its normal condition ; its fundus, however, was thrown a little backwards and behind, and to the right of it I discovered a tumor,



but entirely detached from it. By oscillating it, I could distinctly feel that it contained a fluid. I at once concluded this to be a case of ovarian or encysted dropsy, accompanied with a hepatic state of the system. With this view of the case, I adopted the following treatment, and am happy to say with success.

For the purpose of bringing on a healthy action of the liver and kidneys, I gave her *R. Mass. hyd.*, ʒj.; *pulv. rhei*, ʒij.; *sapo Hispan.*, q. s. *Ft. pil. no. xxiv.* M. Two pills to be taken every night at bedtime. I also had her abdomen over the tumor rubbed freely three or four times a-day with the following ointment. *R. Ungt. hyd. fort.*, ʒj.; *ungt. stramonii*, ʒjss.; *iodid. potassæ*, ʒij.; *iodine*, gr. xv. M. *Ft. ungt.* She also took a tablespoonful of the following syrup three times a-day. *R. Iodide potassæ*, ʒij.; *iodine*, gr. xv.; *aqua*, ʒviij.; *syr. simp.*, ʒviij. M. Flax-seed tea, with spts. nit. dulc., was also freely administered, to excite the kidneys and bladder. As an injection per vaginam she used the following by means of a curved glass syringe, for the purpose of exciting absorption in the tumor. *R. Iodide potassæ*, ʒij.; *iodine*, gr. x; *aqua*, ʒxviij. M. Inject the parts every six hours.

For the purpose of supporting the abdomen externally, I had a bandage made, and so constructed and arranged as to be capable of being drawn in daily as she decreased in size. This treatment was followed up for about two months; during which time the liver and kidneys resumed their natural functions, the tumor gradually disappeared, and she is now perfectly well.

I remain respectfully yours,

No. 431½ *Grand st.*, N. Y., *Aug.*, 1852. J. X. CHABERT, M.D.

#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Médicale*—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the *Boston Medical and Surgical Journal*.

#### FOURTH LETTER.

MY DEAR FRIEND,—As I promised, I shall say a few words upon the incubation of blennorrhagia. Incubation has been made a condition of virulence. Every virulent disease ought to present a period of incubation. Thus those who admit that blennorrhagia is a product of a virus, admit equally that this virus does not produce its first effects till after a time of incubation more or less long.

I say more or less long, and it is not without reason. The authors, in fact, as well for the incubation of syphilis properly called, have admitted for that of blennorrhagia a period the most convenient. The term of the incubation has been fixed between some hours (Hunter and others) and fifty and some days (Bell). What shall I say? MM. Cullerier and Ratier have reported the history of an incubation which lasted during five months. Assuredly a very elastic incubation. You know that matters are far from passing thus in the virulent diseases where the incubation is incontestable. The limits of the period of incubation can be more accurately fixed in the variola, in vaccinia, in scarlatina, in the measles, and in hydrophobia. The fine works

of M. Aubert Roche have even told us the certain limits of the incubation of the plague, which never exceeds eight days. For blennorrhagia, it is a far different thing, as you will see ; here there are no certain limits.

What is, then, this incubation of blennorrhagia, which they have made me again very recently deny ? We must understand this matter ; it is a pure question of words. I do not deny the evidence ; and consequently I do not deny that between the action of the cause, and the appearance of the first phenomena of blennorrhagia, there is a period more or less long ; but is there present an incubation properly called, an incubation similar to that of the variolic or vaccine virus ? I contest this, and I explain that time, more or less long, which exists between the action of the cause and the appearance of the phenomena, by the disposition and by the particular susceptibility of the tissues which have undergone the influence of the cause. There is no more incubation present in this case, than there is between the action of an exposure of the feet to cold, and the appearance of a coryza. One does not blow muco-pus immediately from the nose after such exposure to cold ; there exists a certain period between these two actions. Do you call this period the incubation of the coryza ? Why, then, make use of a similar expression for blennorrhagia ?

In those cases where blennorrhagia does not appear till long time after one is exposed to the suspected cause which produced it, is it not more rational to admit another cause which remains unknown, than that pretended incubation which nothing explains, nothing justifies ? Is it not so in almost all inflammations ? Can you always go back to the direct cause of a pneumonia, of an arthritis, of a phlegmon ? Without doubt, in man, the sexual relations are the most direct cause of blennorrhagia ; but we should fall into strange errors, if we wished to refer all blennorrhagias to a virulent cause. I could give you some very singular examples which prove the contrary, but I refer the reader to the interesting note with which you have accompanied my preceding letter.

From this exclusive manner of considering the etiology of blennorrhagia, there results often, in practice, a singular manner of interpreting facts. A man affected with blennorrhagia has had connection with several women ; he hastens to make a sort of moral choice among these women, and by means of elimination he happens to fall often upon the most innocent. This sort of application of the law of suspicion has caused strange errors to be committed, of which I have often been witness.

Let us then conclude upon this point that the effects of blennorrhagia can follow at some distance from the cause which produces them, but that nothing proves that the period which exists between the action of the cause and the appearance of the morbid phenomena, is the result of a true virulent incubation.

I should prefer, my dear friend, not to make too frequent digressions from my programme, but how can I avoid deciding incidental questions when they present themselves beneath my pen ? Such is that of the specific seat of blennorrhagia. You know that the question of this seat has been much agitated. In man it has been made to travel from behind



forward, from forward backward ; to advance or to retreat, at the will of the fertile imagination of writers upon syphilis. From the spermatic passages, in passing successively by the glands of Cowper, the fossa navicularis and the follicles of Morgagni, the seat of blennorrhagia has travelled a good deal. It is true that Bell, in establishing different degrees in blennorrhagia, has made its seat retrograde from before backwards. But it is not with these questions, so well known, that I wish to detain you. I will call your attention, however, to a singular prepossession of Hunter. This great observer admitted, as you know, a virulent blennorrhagia to be identical to chancre ; he placed the seat of it in the fossa navicularis ; but he inquires if the inflammation which propagates itself by degrees towards the posterior portions of the urethra, continues to be virulent beyond the fossa navicularis. We must confess that the genius of Hunter yielded to the spirit of system. Besides, in studying Hunter, we see his observing genius constantly in contest with his theory of blennorrhagia. He started with a false idea ; facts come constantly to prove it to him, but theory is there to obscure his intellect, and in place of dismantling his theory by facts, he endeavors, on the contrary, to make facts agree with his theory—an excellent example of the dangers of pre-conceived and systematic ideas in the cultivation of the sciences of observation.

In the female, Graff placed the seat of the virulent blennorrhagia in the follicles in the neighborhood of the urethra. One of our brother physicians of Bordeaux, who died a few years since, Moulinié, thought he had seen in the glands of the vulva (so well described by Bartholin, and of which Boerhaave has traced the pathological history, resumed and completed in our day by M. Hugenier) a sort of organ of virulence in a blennorrhagic point of view.

In the midst of all these opinions, strict observation shows that those portions of mucous surfaces the most exposed, are those which are the most easily affected. Nevertheless, we must allow that the mucous surface of the urethra in the two sexes is more often affected after sexual intercourse than the other mucous surfaces of the genital organs. This fact is an argument for the partisans of the virulent contagion. I will corroborate it, if they wish, by this proposition, which appears incontestable, that a woman attacked by blennorrhagia of the urethra can be considered as having the most commonly contracted it from a man suffering from blennorrhagia ; and you see that this proposition could have its importance in legal medicine. Thus, for me, I should be ready to admit that a woman in whom I discovered a blennorrhagia of the urethra had taken it from a man. But does this fact come in aid of the existence of a virulent contagion ? No, and I explain it by this other fact, alone true and incontestable, that pus furnished by the urethra is the most irritating of all pus for certain mucous surfaces.

While certain writers on syphilis contest the existence of blennorrhagia of the urethra in the female, others do not admit in her of a blennorrhagia except when it has its seat in the urethra. These two extreme opinions are erroneous. Observation has led me to admit all the varieties of blennorrhagia upon all mucous surfaces.

Whilst I am here, will you permit me to disembarass myself of some other incidental questions relative to blennorrhagia? I shall proceed more freely and more rapidly afterwards, on the great questions which remain for me to treat of. If I examine the lesions of tissue which blennorrhagia produces, whatever may be the mucous coat affected, I do not find anything that simple inflammation cannot produce. There is sometimes a slight erythematous condition without secretion. It is the dry blennorrhagia of some writers, a denomination ridiculous and absurd, introduced into the writings upon syphilis, and in view of which we can admire the persevering efforts of M. Piorry to bring about a reform in the nomenclature. Sometimes we have to do with a mucous element, catarrhal, and with all its products at different degrees, mucous, mucoso-purulent; in fine there are some true phlegmonous complications which we meet with, from which result in man for the urethra, the blennorrhagia accompanied with chordée, and the quite frequent production of abscess upon the course of the urethra.

But neither in the state of the tissues nor in the nature of the products do we find anything which can be compared to the accidents of syphilis properly called.

Are the consequences of blennorrhagia comparable to those of syphilis? It has been said so, but it has not been proved. There are some analogies, without doubt, but some notable differences also. Thus one of the first accidents which blennorrhagia can produce, and which resembles one of those produced by syphilis, is bubo. But in the first place, enlarged glands are infinitely more rare as the consequence of blennorrhagia, than of chancre. In the next place, the bubo is never met with except in blennorrhagia of the urethra, in the two sexes, the other varieties never giving rise to enlarged glands. I well know that one of our fellow medical men of Belgium speaks of buboes *peri-auriculaires*, which ought to manifest themselves in blennorrhagia of the eye, but I must confess that I have yet to look for an example. In fine, the blennorrhagic bubo has this speciality, that purely inflammatory, it has very little tendency to suppuration, and when this happens *it is never inoculable*.

Do you wish to follow out that which blennorrhagia can produce ordinarily upon the two sexes? Take blennorrhagic ophthalmia, which never manifests itself but during a *blennorrhagia of the urethra*; in good faith, is it possible, unless we wish to confound everything, to establish the least comparison between this ophthalmia and syphilitic iritis?

With regard to blennorrhagic rheumatism, is it reasonable to establish the least difference between this affection and the accidents produced by syphilis upon the osseous system? Is there anything in the world more unlike the blennorrhagic arthritis and the exostosis, for example?

What should I say of the cutaneous affections, except that I am profoundly astonished that some physicians have wished to discover a resemblance between the cutaneous affections produced by certain remedies employed in the treatment of blennorrhagia, and the special affections of the derma that syphilis produces. The previous holding of a false doctrine has here produced some very strange confusions. Blen-



norrhagia, it has been said, produces cutaneous affections like the chancre ; and the roseola which succeed the use of copaiba and of cubebs have been cited as examples. I assure you that these roseola do not appear but when these resins are given. They answer me—but they do, not appear except when there is a blennorrhagia existing. I answer, in my turn, that copaiba and cubebs are not given, but when there is a blennorrhagia. I add, and this is important, that I have administered copaiba in cases of vesical catarrh, and I have often seen these exanthemata make their appearance.

But these *resinous* exanthemata have characteristics so marked, that with the strongest disposition in the world, it is impossible to confound them with genuine syphilitic exanthemata. They are developed generally with great rapidity ; they are very *acute*, of *rubeolic* form, or often connected with lichen urticarius ; if they are not very confluent, they are grouped preferably in the neighborhood of the articulations, and in the sense of extension, such as about the wrist, elbow, knee, instep, and around the ears ; they are commonly accompanied with much itching, which is the contrary of syphilides, and a most important condition ; so that we can say of them—*sublatâ causâ tollitur effectus*. In fact, they rarely survive a week the cause that produced them.

These exanthemata bring to mind a curious fact, which I ask you to permit me to relate in the form of an episode ; it has also its instruction. Two or three years since, one of our most distinguished brother physicians presented himself at my house very much frightened. Until now, said he to me, I have had faith in your doctrine, but I find it at fault, and in my own case, that is truly hard. So saying, he took off his clothes and said, “What is this ?” showing me his chest and back. I examined and said, “That is a beautiful syphilitic roseola.” “Syphilitic, do you say ; and are you very sure of it ?” “Perfectly sure !” “Ah, well, you convict yourself. I have never had in my life any other venereal accident than a blennorrhagia, and that was twelve years ago.” “On your side are you very sure of that ?” “Just as sure as of my existence.” I examined my friend from head to foot, and having done so, I said to him gravely, and with a certain air of solemnity, “Friend, you have *recently* had a chancre upon the right hand, and the chancre was situated neither upon the thumb, nor upon the index finger, but upon one of the three last fingers.” “You are joking,” said he. “I am joking so little,” I added, “that you still carry a bubo,”—and I made him feel, in fact, an axillary gland still enlarged. Then my friend, recalling his thoughts, told me that some months before he had attended and dressed a woman who had chancres ; that an ulceration had come upon the middle finger, that he had not taken care of it, and that this ulceration had cicatrized. There is the source of your roseola, said I, and act accordingly.

Finally, what physician at the present day could confound the blennorrhagic epididymitis with the syphilitic sarcocele ? It is no longer possible, since the time of Bell, still less possible since the works of Astley Cooper, and since what I myself have done in regard to this subject.

You will permit me to pass in silence the pretended tuberculous diathesis invented in Germany as a consequence of the blennorrhagic viru-

lence. The question of tubercles in general is already sufficiently obscure, without adding to it any new darkness.

You see, dear friend, that I approach at last the programme that I had traced out for myself. In my next letter I shall enter upon it resolutely.

Yours, &c.

RICORD.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1852.

*Hints on Health.*—Our accomplished friend, William Edward Coale, M.D., of Bowdoin Square, in this city, has written something worth reading, which is far more than can be said of every one who writes. He has given, in a compact volume, *Familiar Instruction for the Treatment and Preservation of the Skin, Hair, Teeth, Eyes, &c.* Combined with sound medical advice, a pleasant vein of literary sprightliness runs through the work, which relieves it of a kind of ponderosity of style that so generally attaches itself to a professional treatise. Dr. Coale is excellent on the functions of the skin. In the whole range of physiological prelections, we have seen nothing more satisfactory. Truth, though in a nutshell, is still the truth; and in this age and rage for homœopathic doses in science, as in drugs, people will study small books, when they would not look at a large one. Considerations of this character must have influenced Dr. Coale to condense and give a popular turn to this admirably devised little volume, which is quite as useful to the faculty as to the great public. The publishers are Messrs. Phillips, Sampson & Co., Boston.

*Ranking's Abstract.*—Almost every physician must of course be familiar with this half-yearly publication, the cream of the foreign journals, republished by Messrs. Lindsay & Blakiston, of Philadelphia. No. 15, embracing the period from January to June, is in readiness, as rich as ever in each branch of practical medicine and surgery. A prodigious amount of profitable reading is given for a trifle, and we can hardly suppose any one would allow the opportunity to pass without taking it. Were the cost three times as much, it would not be thought a dear book by those who wish to keep up with the march of improvement in medicine.

*Eclectic Medical Association.*—A certain writer remarks that he is sometimes half inclined to believe that what the majority of mankind call wrong, is right, the parties being so nearly balanced, and that the minority may yet get the ascendancy. Probably he belonged to one of the radical sects of medical reformers. A stranger to the medical organization of this country, who might incidentally fall upon the *Transactions of the National Eclectic Medical Association*, a ponderous book, would either consider the profession vastly behind the age, or too far in advance of it. The third annual meeting of the Eclectic Medical Association was held at Rochester, N. Y., in May last. The reports have a sound, business-like appearance, are numerous, and not without interest. But what objects have the gentlemen in view? What would they substitute for the system which all well balanced, educated men approve? As we understand the subject, these



eclectic reformers are ambitious to overthrow the doctrine of the laws of life and the administration of remedies for disease, as taught in the legitimate schools of medicine. The road to distinction for them lies in violent opposition and general non-conformity to the results of medical experience, as understood by the wise and the learned of the faculty. There are men among them who cannot be ignorant of the claims to confidence of the medical colleges; and yet they are perpetually talking about their superior tact in selecting just what is proper, and rejecting whatever is bad. Where is there a physician who does not pursue precisely the same eclectic course? He is not worthy of patronage who does not conscientiously act upon that principle. The poverty of some of the papers in these "Transactions" is inexcusable in those who take such high ground as these self-styled eclectics. Instead of taking the attitude of a hostile position, and waging a constant warfare upon imaginary errors, these eclectic philosophers would very much sooner accomplish all they desire, by simply doing what every physician is bound to do, viz., learn all that they can, and apply all the knowledge obtained to the promotion of human happiness in the cure of disease.

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*Aeripathy.*—Another screw has become loose. Distressed at the contemplation of the numberless avenues to death, and the inability of physicians to prevent the multitude from walking therein, a new champion, a modern Hercules with a club, has stepped forth in his majesty and offers a boon to the afflicted. Oxygen is the article—oxygen is the mighty agent for sustaining life, the remedy which has so long been sought, but never found till discovered caged up in Western New York. D. Whitney, M.D., has a pamphlet out, explanatory of his views of disease and his practice in aeripathy. The terminal syllable of the word constitutes the charm—the *pathy* is a bolus for every one to swallow who is in pursuit of the last new medicine. The inhalation of oxygen gas is nothing new, and Dr. Whitney claims nothing more than his personal experience in the administration of it for a diseased condition of the lungs. His apparatus for breathing the gas is ingenious, and beyond all doubt there are cases in which benefit might be derived from it, but it is ridiculous to indulge the expectation of a panacea. The book is not without its good points.

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*Quarterly Homœopathic Journal.*—This work is beautifully printed, and is conducted by the leading spirits of the new school. The literature of homœopathy is becoming voluminous; but to understand all its peculiar expressions, the high potencies, provings, numerical dilutions, &c., is rather perplexing. It is a mistake in our journalists, generally, to draw so extensively upon foreign publications that American facts and experience are kept out of sight. This leads to a very natural conclusion abroad, that we have no indigenous materials, and hence we are properly enough called medical borrowers. Homœopathic periodicals draw liberally from the pages of continental serials. There is in this quarterly a minuteness in the analysis of plants and the effects they produce on the system, tedious beyond description. Yet it may be very proper to publish such. It is certain that what is said of *Anagallis Arvensis*, in No. vii., page 181, is a specimen of hair-splitting more nice than wise. The same remarks are also applicable to the 6th article, *Apis Mellifica*, in which the hairs are invisibly fine.

*Topographical Anatomy.*—A friend has kindly sent us a copy of a miniature system of Topographical Anatomy, which was reported by a committee to the American Institute of Homœopathy in the year 1850. After an attentive examination, we discover nothing new in it, and certainly it falls below the ordinary hand-books of anatomy for the use of students. It cannot be of any service to a beginner beyond learning what lies within the boundaries of any particular region. For example, in the temporo-parietal region, there is the skin and cellular tissue, the epicranial and temporal aponeurosis and external ear; the temporal muscle and muscles of the ear; the superficial and deep temporal arteries; the temporal vein; small branches of the cervical plexus; the facial, the auricular and inferior maxillary nerves, &c. Now neither the origin or insertion of the muscles, the origin, ramification or relation of the nerves, arteries or veins, is taught in the work, and consequently we consider it so far defective. Neither can we discover any improvement in nomenclature, arrangement or otherwise. A person taking this for his guide, would remain ignorant of the essential facts in anatomy—essential to the operating surgeon and to the physiologist. If the work was intended simply to remind old practitioners of what they once knew of the parts and parcels lying in this place and that, it might be useful as a prompter, though inadequate in imparting a correct, thorough anatomical knowledge. An accompanying note says, “I have thought, since it was printed, that it might not only be useful for the purpose for which it was mainly intended to serve in the investigation of diseases, but that the anatomical student, the dissector, might find it convenient in forming an idea of the situation of hidden organs and parts, before proceeding to the use of the knife for exploring any given region.” This is all very well, but we are resolute in believing that minute anatomical research is incumbent on the student of medicine. No *anatomy made easy* is admissible; he should have the whole most thoroughly, or none at all.

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*Improved Syringe.*—Allusion was made, some months since, to an essential improvement in that useful instrument, the syringe. A Boston physician has brought it to a surprising degree of perfection. In workmanship the instruments are unrivalled; but their real value consists in the applicability of the barrel and flexible tubes to various purposes in maintaining health, when mechanical assistance is necessary; and in fact to every purpose for which a syringe is needed. Both hands of the individual are not required, in operating upon himself, which is a decided improvement. We have not been accustomed to such highly finished articles, in this line, and the country has reason to be proud of them. It is quite needless to particularize their exact construction, to show the superiority of the invention over the common syringes of the shops. Those desirous of an examination are invited to call for that purpose. Facilities for manufacturing are on an extensive scale, such as will at once meet the demand which the utility, compactness, beauty and economy of the article will create.

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*University of Louisville.*—The following notice of some important changes in two of our western schools of medicine, is taken from the Western Medical Journal, of Louisville.

“Professor Drake’s devotion to Cincinnati, and to the school of his earlier days, has again prevailed with him to resign his chair in the University of Louisville, and return to the Medical College of Ohio, and Professor



Cobb has followed his example. The paramount consideration with the latter gentleman for giving up a place which he had so long and so creditably held, was the opportunity afforded by the change of securing an appointment—that of Demonstrator of Anatomy—for his promising son, Dr. William H. Cobb. The separation of these gentlemen from their old associates is without any diminution of that mutual esteem and good will, which has subsisted between them during all their professional intercourse. The Board of Trustees have filled the vacancies by the appointment of Professor Austin Flint, of the University of Buffalo, to the chair of *Theory and Practice*, and of Professor Benjamin R. Palmer to the chair of *Anatomy*. Professor Palmer is connected with the University of Buffalo, as Professor of Anatomy, and has for a number of years held the same chair in the Medical College of Vermont, at Woodstock."

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*Hydrargyri Iodium Rubrum.*—The following, from the American Journal of Pharmacy, should receive the attention of all who have purchased the American edition of Christison's work.

"TO THE EDITOR OF THE AMERICAN JOURNAL OF PHARMACY.—Under the article *Hydrargyri Biniodidum*, the U. S. Dispensatory gives as the dose 1-16th of a grain, gradually increased to grain 1-4th.

Under the same head, Christison's work, edited by Dr. Griffith, ed. 1848, gives the dose from gr. i. to gr. iv.

Has this great discrepancy been before detected, and the error corrected? —STUDENT.

[NOTE.—The profession will be obliged by the above hint. We had not observed the error before. Since communicating the fact to the publishers, Messrs. Blanchard & Lea, they have informed us that the error has been corrected in the unsold portion of the edition. All who have the American edition of Christison should make the correction with pen at once, and all Medical Journals should notice it.—ED. AM. PHARM.]

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*Anæsthetic Agents.*—So many fatal accidents have of late occurred in the practice of anæsthesia, that it is desirable physicians should have all information possible respecting the different agents employed. An article by Dr. George Hayward, of Boston, published in the number of this Journal for April 10, 1850, gives the results of his extensive experience in their use, and is well worth referring to by readers who have past volumes of the Journal. It will be seen that he there predicts the like fatal effects from chloric ether which had then begun to occur from chloroform, and that he considered sulphuric ether the only safe article to be employed.

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*Medical Miscellany.*—Dr. A. B. Snow, of Boston, has been appointed Professor of Anatomy and Physiology in Genesee College, Lima, Livingston Co., N. Y. —Lectures begin at the Dental College in Baltimore, on the last Monday of November, with a strong faculty.—A finely printed circular of the Medical Department of St. Louis University is acknowledged.—A Greek servant died a short time since at Smyrna, at the age of one hundred and seven years.—Cholera has broken out again at Smyrna, but the stolid Turks are accustomed to it, and therefore exclaim, "Bismillah!" God is great! and die with composure.—The annual export of tobacco from this country amounts to \$9,219,251; the import of cigars

amount to \$2 520,812. The annual cost of cigars in the United States is \$20,000,000.—In the hospital of St. Louis, Paris, itch is cured in two hours. It is effected by a thorough cleansing of the skin, and the application of sulphur ointment—no new remedy.—Mr. Wakley, editor of the London Lancet, who has represented Finsbury in the British Parliament for seventeen years, has declined being again a candidate for the office. Mr. W. is still, we believe, one of the coroners of London.—The East India Company have lately passed a resolution requiring all surgeons entering their service to attend to the study of mental diseases.—Sir Gilbert Blane's Gold Medal has been conferred on Dr. T. R. H. Thomson, surgeon R.N., for his Journal of Medical and Surgical Practice in H.M.S.—Dr. Conolly has resigned his post of physician to the Hanwell Lunatic Asylum, in England.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL PRIZE COMMITTEE, APPOINTED BY THE CORPORATION OF Harvard College, consists of the following Physicians:—

JOHN C. WARREN, M.D. GEORGE SHATTUCK, M.D. WALTER CHANNING, M.D. J. MASON WARREN, M.D. EDWARD REYNOLDS, M.D. SOLOMON TOWNSEND, M.D. J. B. S. JACKSON, M.D. D. H. STORER, M.D. and JOHN JEFFRIES, M.D., Secretary.

At the annual meeting held August 4, 1852, it was found that no dissertation had been offered on the first subject, viz.: "On the diseases of the Prostate Gland."

A prize of sixty dollars, or a gold medal of that value, was awarded to Waldo S. Burnett, M.D., of Boston, Mass., for the best dissertation on the 2d subject, viz.: "Original researches with the Microscope, illustrative of Anatomy, Physiology, or Pathology."

The subjects for 1853 are—

1. On Paracentesis in Pleurisy and other diseases followed by effusions into the cavity of the Thorax.
2. On the use of Cod-Liver Oil in Phthisis and other diseases of nutrition.

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday in April, 1853.

The following subjects are proposed for the year 1854, viz.:

1. On the constitutional treatment of Syphilis.
2. On the non-malignant diseases of the Uterus.

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday in April, 1854.

The author of the best dissertation, considered worthy of a prize, on either of the above subjects, will be entitled to a premium of sixty dollars or a gold medal of that value at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1825, the Secretary was directed to publish, annually, the following votes, viz.:

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 5, 1852.

Aug. 18—6tf

JOHN JEFFRIES, Secretary.

TO CORRESPONDENTS.—Dr. Coale's Treatise on Uterine Displacements, Dr. Bartlett's Observations on Loose bodies in the Knee-joint, and Dr. Hooker's Remarks on the use of Chloroform in Dentistry, have been received.

MARRIED.—Timothy Childs, M.D., of Pittsfield, Mass., to Miss M. E. Huntington.—In Boston, John V. Degrasse, M.D., to Miss C. H. Howard.

DIED.—At Rome, Dr. Kissock, an eminent English physician.—At Huddersfield, June 28th, 1852, aged 41 years, John Taylor, M.D., physician to the Huddersfield Infirmary, and late Professor of Clinical Medicine in University College, London.—At Kilmuir, Argyleshire, in the 80th year of his age, Thomas Thomson, M.D., F.R.S. L. & E., and Regius Professor of Chemistry in the University of Glasgow.

Deaths in Boston—for the week ending Saturday-noon, August 14, 53.—Males, 44—females, 39. Accidental, 1—disease of bowels, 2—inflammation of bowels, 11—disease of brain, 2—inflammation of brain, 1—burn, 1—consumption, 11—convulsions, 2—colic, 1—cholera infantum, 4—cholera morbus, 1—debility, 1—dysentery, 6—diarrhoea, 2—dropsy, 1—dropsy of brain 4—drowned 1—intermittent fever, 1—scarlet fever, 5—gangrene, 1—disease of heart, 1—infantile, 6—disease of liver, 1—marasmus, 2—measles, 1—old age, 1—palsy, 1—rheumatism, 1—teething, 6—thrush, 1—unknown, 2—worms, 1.

Under 5 years, 46—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 9—over 60 years, 4. Americans, 29; foreigners and children of foreigners, 54. The above includes 6 deaths at the City institutions.



*To the Medical Profession of the Southern and Western States.*—GENTLEMEN,—At the last Annual Meeting of the American Medical Association I was continued as Chairman of a Committee to report at its next session on the Prevalence of *Idiopathic Tetanus* (not endemic, as I was erroneously notified by my first appointment). Permit me, therefore, to solicit your assistance, to the extent of your information, either from personal experience or inquiry, embracing the immediate circuit of your professional supervision. Your attention to the following queries and answers, seriatim, forwarded by mail to my address on or before the first day of January, 1853, will not only serve the special object of the Association, but particularly oblige,

Very respectfully, your obedient servant,

Mobile (Alabama), July 26, 1852.

A. LOPEZ, M.D.

1st.—Are there any physical causes, in or about your locality, productive of *Idiopathic Tetanus*?

2d.—Have changes by clearing of lands, change of culture, or any other circumstances, been the cause of such disease?

3d.—Has *Tetanus* been of frequent occurrence, and if so, does it hold an analogous or independent origin of malarious diseases?

4th.—Does it follow the laws which govern climatic Endemics, in sufficient number and simultaneous prevalence to warrant the belief of its identical origin?

5th.—Have meteorological variations governed the production and character of the disease?

6th.—The average number of deaths from *Idiopathic Tetanus*?

7th.—Have adults or children been most liable to its attack?

8th.—What sex?

9th.—Proportion of whites to negroes?

10th.—Duration of disease previous to fatality?

11th.—Interval between cause and developments?

12th.—Does *Trismus Nascentium* ever observe an *Idiopathic* or *Symptomatic* character?

13th.—Are negro or white children most liable to it?

14th.—Your belief as to its origin?

15th.—Proportion of deaths to cures?

16th.—Have you found any form of treatment more successful than another, in either *Idiopathic Tetanus* or *Trismus Nascentium*?

*Still another Death from Chloroform.*—We are informed that Mrs. Nathaniel Weed, of Darien, Ct., came to her death a few days since as follows:

She had taken chloroform at the hands of Dr. Height, a physician residing in Stamford, for the removal of some teeth, and suffering no ill effects, she desired him to administer the chloroform again, for the removal of others. A few days subsequent, as we are informed, she placed herself under his care for this purpose, when he proceeded to give her the chloroform. After she had inhaled the vapor a short time, the doctor removed it, when she desired more, saying that she was not sufficiently under its influence. He reluctantly applied it again, when, after one or two inspirations, she ceased to breathe, and immediately expired; and every effort to restore her was unavailing.

Such is substantially the story as we have received it. Mrs. Weed was about 40 years of age, and is said to have been in robust health at the time of taking the anæsthetic.—*New York Dental Recorder.*

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## A TREATISE ON THE CAUSES, CONSTITUTIONAL EFFECTS AND TREATMENT OF UTERINE DISPLACEMENTS.

BY WM. EDWARD COALE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

The following is not intended to be a comprehensive treatise on uterine displacements. Its object is to present to others certain practical views of the writer with regard to the causes of these affections, and the means of treating them which experience has taught him to be most efficacious. For neither of these does he claim the merit of originality ; but he thinks that where certain of the causes which he lays down as important have been entertained by others, they have not been properly appreciated, and consequently methods of treatment based upon them have been too much slighted, if not entirely overlooked.

It has been the aim of the writer rather to make these remarks suggestive, and to avoid anything like dogmatical assertion, feeling confident, from the results which have occurred under his immediate notice, that others will, upon fair examination and experiment, not differ very greatly from him as far as he goes, and hoping that by pursuing the same path they may attain to still greater light and achieve further advantages in the treatment of these important, and now too common affections.

To exhibit more particularly the results just mentioned, it was at first intended to give cases in illustration ; it was found, however, that they did not differ greatly, even in the details, and they would have added very materially to the bulk of the treatise. For the same reason reference to and quotations from authorities, whether in support of or in contradiction to the text, have been indulged in to a very limited extent.

### ANATOMICAL AND PHYSIOLOGICAL CONSIDERATIONS.

An examination into the anatomy of the appendages of the uterus, and into the relations of that organ with the surrounding ones, will at once relieve us of any surprise that it should be, of all the various viscera of the human body, the one most liable to displacement. Itself dense and unyielding, mounted upon the extremity of a thin musculo-membranous tube ; with nothing solid beneath to sustain it ; with no immediate lateral attachments to hold it in place ; with the whole contents of the abdomen directly above, gliding so readily upon each other as to convert the pressure they exert, for all practical purposes at least, into



a powerful hydrostatic one—considering the subject in a purely mechanical point of view, we would be surprised that a dislodgment of the uterus from its normal situation, upon the slightest assistance given to the forces apparently continually at work, should not be the rule, and those cases where it resists these influences be the exception, in the history of woman's health.

It is true that in descriptions given of the anatomy of the organ, it has been, from the earliest periods down to the present day, described as held in its situation by certain ligaments (Meckel J. Fred. Handbook of Anat. viii. §241)—as being bound by the peritoneum [Winslow, Exposition Anatomique, t. iii., 767]—as being also defended from pressure above by that membrane [Boerhaave, Institutiones Medecina, 1720]. A reference, however, to the arrangement and relation of the parts, will, we feel, be convincing that these ligaments and these peritoneal attachments can have very little of the supposed influence in preserving the organ in its proper site. Let us, then, give them an examination, for we are of opinion that, even at this early period of our investigations, we will detect one of the frequent and fundamental errors upon which is based much of the treatment now used in contending with uterine displacements.

These ligaments are described as the round ligaments—the lateral or broad ligaments—the inferior anterior and the inferior posterior ligaments. Of each of these there are two in number.

The round ligaments passing from the fundus of the uterus, just in front of the junction of the Fallopian tubes with the organ, to be expanded upon the pubis, can surely have no influence in keeping the womb from sinking downward into the pelvis, for their course practically considered does not depart much from the horizontal plane—evidently not enough to allow us for a moment to think that the uterus is *dependent* from them.

The broad ligaments, passing off laterally from the fundus, seem to lack two essentials for giving the necessary support—a point d'appui to which to attach themselves, and a sufficient tenseness between their outer extremity and the uterus.\*

The anterior and posterior ligaments have scarcely that name allowed them by many anatomists, but are often described as simple folds of the peritoneum into which it, as any pliant membrane or cloth thrown over several rotund bodies would do, arranges itself in hanging across the depressions between them—from the apex of the one to those of the others.

It is true that beneath, or lining the outer side of the peritoneum and attaching it to the uterus, there is a denser and more resistant layer of fibres described by Madame Boivin [Memorial de l'Art des Accouchements, Paris, 1824], as the “*Tunique utero-sous-peritoneale*,” which undoubtedly does exert some power in protecting the organ from great and sudden displacement. But even this is too lax—not sufficiently tense to preserve it perfectly fixed, and certainly not sufficiently enduring in its resistance to prevent it submitting in time to any disturbing influence per-

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\* An accidental reference to Astruc gives full confirmation by that author of our views as regards the amount of support furnished to the uterus by the round and the broad ligaments.

sistent in its action. Any one, who has ever had an opportunity of experiencing the effect of the patient coughing, when undergoing the *touch*, upon the uterus, will, we feel confident, agree with us in the main in the above proposition. In such cases, even, where there is no tendency to prolapsus, the organ, at each exertion or spasm of the diaphragm, is thrown downwards violently, and to some distance—returning immediately the exertion is over, to its proper situation.

If then we are called upon to say what does preserve the uterus in situ—what enables it to resist the downward pressure of all the moveable contents of the abdomen, not only weighty in themselves, but, by their mobility and that of the walls that enclose them, in front exerting a depressing force duplicating several times their weight alone—we must state, that, in our belief, it cannot be solely the loosely-attached and tenseless expansions and membranous folds called the ligaments of the uterus, but, that that force, termed appropriately (by the French first, we believe) *vital tonicity*, has a very great share of the work. By those who look at all the physical forces as purely mechanical, this will seem a mere fancy; but to others, who believe that in addition to the varied and beautiful machinery of the animal frame there is still something more necessary in order to preserve that harmony between its many parts, which must endure to greater or less degree for some three score years—to those who feel that it is not owing to its main strength and the toughness of its fibres alone that the aorta does not burst or the overstrained muscles snap, our proposition, we are confident, will not seem wholly unsupported.

We do not, however, introduce this proposition here, merely for the sake of a theory, upon which to speculate. We believe, as we have just said, that an exclusion of the consideration of, and a want of proper estimate of, the influence of this vital tonicity, has induced many physicians to look upon uterine displacements too much in a simply mechanical point of view, and to shape their remedies accordingly. The consequence has been, that local causes have been too much insisted upon as accounting for the origin of these affections, and pessaries and abdominal supporters have been too much relied upon in the treatment of them, to the disregard of remedies intended to restore the health generally and to give tone to the system at large. But we will speak more fully upon this presently.

#### THE VARIETIES OF UTERINE DISPLACEMENTS.

The displacements to which the uterus is subject, are as follows :—

*Elevation*.—An unnaturally high position of the organ, in which its tendency is to mount out of the pelvic cavity into the abdominal.

*Prolapsus*. (Synonymes—*Pysteroptosis*, *Exometra*, *Procidentia uteri*, *Chute de la matrice*, *Falling of the womb*.)—As the word indicates, a slipping down of the organ from its natural position.

*Anteversion*.—A turning over of the womb, with its fundus forward.

*Retroversion*.—A similar turning over, but with the fundus backward.

*Obliquity of the womb*.—An inclination of the organ to one side or



to the other of the pelvis, the variety being specified by the position of the fundus.

The last condition may accompany either of the two preceding, and either of the last three may also be attended by either of the first two—elevation or prolapsus.

Lastly, the uterus may form the contents of a hernial sac, and thus be protruded into or beyond the walls of the pelvis or abdomen at any of those points at which protrusions of the contents of these cavities occur.

### *Elevation of the Uterus.*

Elevation, of all these displacements, is the rarest excepting hernia, and indeed never occurs as an affection of itself, but is always the result of some other condition or disease of the uterus or of some neighboring organ. Thus, in pregnancy during the middle months, the organ rises higher than it is habitually at other times. For at an earlier period its weight, favored probably by the state of the system generally, first tends to settle it down—but, as it becomes too large for the pelvis, it rises out of it, and the *os tincae* is found further from the *os externum* than at any other period. Again, during the latter months, the weight of the fœtus presses it down once more. Thus explained, elevation cannot be considered a pathological state.

The morbid condition that generally accompanies elevation of the uterus is most frequently some tumor, either of the walls of the organ or attached firmly to it. The growth of such an attachment we can readily see might raise the uterus with it mechanically, in finding for itself a space for increased development above the brim of the pelvis.

A striking instance of this condition we found in a patient, some 45 years of age, who had a fulness and hardness at the lower part of the abdomen, evidently some morbid growth. The only trouble that it caused her was, that it would sometimes suddenly disappear, and immediately, as she expressed it, her lower limbs would fall asleep and require her to sit down. Very soon she would feel something rise into the abdomen again with a sudden jerk, and all would be right. Dying of an acute disease, we made a post-mortem examination of the body. In addition to the disease that caused death, we found the uterus, with a large fibrous tumor attached, riding habitually above the brim of the pelvis, far higher than the natural position of the organ; but the shape of the mass was such, that by a slight adjustment it would pass down into the cavity below and fill it so compactly as to compress the nerves passing along its walls, and thus cause the symptoms just described.

This displacement is not characterized by any symptom peculiar to it, nor indeed should we look upon it as an affection proper to the organ, but only as an accidental condition attending another affection. Of course, for the reason just mentioned, no special treatment can be adopted for it, and with this notice we dismiss all further consideration of it.

### *Prolapsus Uteri.*

As the displacement just mentioned is one of the rarest of all those

to which the uterus is subjected, this, on the contrary, is by far the most frequent in occurrence.

*Condition of the Parts.*—Under the general term prolapsus, we include several degrees of descent of the organ—to each of which some writers, unnecessarily we think, give separate and distinctive names.

So far as the position of the organ is concerned, the disease exhibits itself in three well-marked phases or degrees. In the first, we scarce find any great departure from the normal type. The *os tinæ* is more readily reached than commonly, apparently from a simple shortening of the vagina upon itself; and it seems to project a little more than it should into the extremity of this tube—the groove or depression between the neck of the uterus and walls of the vagina being slightly exaggerated in depth. Otherwise the organ is not appreciably altered in situation, nor is it in size or other particular. Astruc asserts that this condition exists habitually in women who have borne children, and it is this degree to which prolapsus may take place in the earliest months of pregnancy. The organ becomes a little heavier, and—not owing to that circumstance solely, but availing itself of some want of tone in the general system, caused, say, by the exhausting effects of nausea and vomiting and other disturbance of the general health incidental to that state—it sinks down slightly, and there remains until its increased size causes it to wedge itself out of the pelvis again, and support itself against the brim of that cavity.

As the effect of this cause, this degree of prolapsus cannot be called a pathological condition, any more than can the elevation existing during the middle months of pregnancy. But even when it is truly a disease, for practical purposes it cannot much interest us, because it is seldom detected—probably never except accidentally. There are possibly no attendant symptoms advising us of a departure from the healthy type, or these are so slight as not to attract attention. It is therefore more as a stage of the disease than as of importance in its treatment, that this condition is mentioned.

In the next degree the peculiarities of the last become exaggerated. The *os tinæ* approaches more nearly to the *os externum*. The body of the uterus is situated entirely, or almost so, within the vagina, which has now become turned wrong-side-outward upon itself, to permit this descent into its cavity. Still later, the pear-shaped organ, favored by its wedge-like configuration, forces itself downward, and at last is found lying almost horizontally upon the floor of the perineum. This is the degree in which the disease first urges itself upon the attention of the patient by the severity of the attendant symptoms, and calls imperatively for aid from the physician.

In this stage an alteration in the position of the organ is not the only morbid condition affecting the parts. The uterus itself, if not primarily so, soon becomes engorged, tumefied and hardened, always tender, and frequently highly sensitive—conditions often precursors to a state of chronic inflammation of the organ, attended by unceasing and severe suffering—and always accompanied, as are also often the others, with more or less leucorrhœa.

The walls of the vagina are also unnaturally lax and flabby, doubling



before the finger when inserted into it, oftenest bathed with a profuse flow of mucus, mingled with the discharge from the uterus—but sometimes, on the other hand, participating in the excited state of the chief organ, and offering a dry rugose surface, highly sensitive to the touch and of a deep red color.

In the last stage, or highest degree of prolapsus, the uterus is protruded from the external parts. It is then, of course, covered with the walls of the vagina which it has carried along with it. These, as may be readily conceived, are at first irritated and inflamed by their unwonted exposure to the air, and by contact with the urine and with the neighboring surfaces—and, if not speedily relieved by a discharge of mucus so as to unload their distended vessels, become highly tumid and exquisitely sensitive. The displaced organ participates in this condition generally, but is, besides this, still further engorged by the obstruction presented to a return of its venous blood through the vessels now compressed and embarrassed by their unnatural relations to the parts behind. This primary stage passing off, either from the topical application of remedies directed against the most urgent symptoms, or from some rallying effort of nature, the exposed mucous membrane thickens, becomes less sensitive, and assimilates itself to the external integuments, as is the case in similar exposures of it from accidental causes, in other parts of the system. The uterus, too, though remaining hardened and enlarged, abates somewhat of its irritability, and measurably adapts itself to its new condition.

During the descent of the uterus from its normal position, the contents of the abdomen participate in the change and assume new relations with regard to each other. The urinary bladder, the cæcum and the rectum, are too rigidly confined to change in general very much their positions, but the concave dish formed by the peritoneum, as it falls from one side to the other of the pelvis, and from the anterior abdominal walls over the fundus of the bladder and of the uterus, to attach itself to the neighborhood of the last lumbar vertebra, is deepened in its concavity—the rounded elevation in it, formed hitherto by the fundus of the uterus, disappears and gives place to a depression, which is sometimes partly filled by the posterior wall of the bladder sinking backward for want of its usual support, but still more by the rectum almost habitually distended in these cases with retained and hardened fæces. If these do not suffice, a fold or two of the small intestines finds a resting place in the new depression, and their former situation is filled in turn by a general subsidence of the abdominal contents.

These last particulars may be by some considered of not sufficient importance to receive mention here; but they are, nevertheless, a part of the history of the disease, and, as slight as they seem, we still believe, that, to them, at least while the affection is recent, most uncomfortable symptoms attending it may be attributed. We say, while the affection is recent, for every practitioner who has had much experience in these diseases must have noticed how, apparently inexplicably, some of the most distressing sensations attending them often lessen while the affection itself is not ameliorated.

Some cases are on record where the uterus has not only been protruded, but actually become dependent—in more than one, as far as the knees. In these the cavity behind the organ contained some of the small intestines, the Fallopian tubes stretched to their utmost, and even the bladder wrenched, for the most part, from its anterior attachments. Such cases are very rare, and cannot be looked upon so much as instances of prolapsus uteri, as of some constitutional peculiarity or original defect in construction, permitting this large hernia through the infra-pelvic strait.

[To be continued.]

### MALIGNANT TUBERCLE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The sudden and unexpected death, at Washington, of Hon. Mr. Rantoul, the representative from Essex South (Mass.) Congressional District, has brought to my recollection several cases of death from a disease which I believe to have been of the same character. The following is the newspaper account, from the Boston Post, which I have taken from the Salem Gazette.

*“Death of Mr. Rantoul.*—On Sunday evening last, the friends of Hon. Robert Rantoul, Jr., in Beverly, received the melancholy intelligence of his sudden and unexpected decease. The particulars of this painful event are as follows, derived from the Boston Post, of yesterday morning, dated at Washington, on Sunday :

‘Hon. Robert Rantoul, Jr., died last evening. He was in his usual health up to Monday, the 2d inst., and had been for some days previous to that time engaged in laborious investigation on the matters in dispute between Great Britain and the United States growing out of the northern fisheries. At this time he had upon his forehead what he considered a small boil, which did not attract attention nor prevent his being in the house on Monday or Tuesday. On Wednesday morning, at breakfast, considerable inflammation, of an erysipelatous character, was noticed around the boil, and he was accordingly prevailed upon to remain in his room and procure medical advice. During the remainder of Wednesday and Thursday the disease made no perceptible progress. On Thursday a despatch was sent, informing Mr. Rantoul’s family of his illness. On Friday morning he conversed freely with me, and appeared much better, and expected in the course of a day or two to resume his duties in the house. On the evening of Friday he became much worse, the erysipelas spreading over the whole face, and his brain being also somewhat affected. On Saturday morning Mrs. Rantoul arrived. Mr. Rantoul knew her perfectly, and made many inquiries of her, though his mind continually wandered. On Saturday evening an effusion took place, one side of the body became paralytic and much swollen, with inability to speak. From this time he sunk rapidly, and expired at half past ten o’clock on Saturday evening.’”

The term erysipelas but poorly expresses the nature of the disease. It is more properly called malignant pustule. Its essential character seems to be a virulent poison, generally from contact with animal matter introduced into the blood, producing a high degree of “irritative fever,” one of the numerous names of this affection. Dissection wounds, and their effects, are a common exemplification of the condition to which I allude.

During the last thirty years, I have been in the habit of seeing this affection every few years. It occurs among the workmen in green hides,



as curriers and tanners; among the "lumpers," or men employed in unloading vessels laden with hides, and is then usually imputed to the bite of a centipede, or of some other insect peculiar to South America.

A small pustule first appears, with a hardened base. An intense itching first calls attention to the part, which becomes intensely injected, and exhibits an areola of deep purple color. For twenty-four hours, or perhaps more, but little attention is called to the place, which is gradually growing harder and more tumid. By the third day after observation is attracted to the part, febrile symptoms begin to appear; chilliness and shiverings announce the contest with the enemy within, the circulation is disturbed, the pulse quickened, the movements of the heart particularly are hurried and painful. The nervous system is disturbed—the sleep unquiet—and delirium, more or less marked, at length follows. The pustule usually appears about the face or neck, often upon the epithelium of the lip; the swelling passes down the chin, spreads upon the neck, passes up to the ears and temples, affecting the parotid gland. By this time it acquires the name of phlegmonous erysipelas. The original pustule emits, on pressure, a thick pus, and shows a central slough, or "core," seen through many minute ulcerations, like carbuncle, by which name it often passes. Suppuration occurs in various parts of the cellular membrane, and small abscesses on the neck, chest and even the extremities, require opening. Internal organs now begin to suffer, apparently from tumefaction. The respiration becomes hurried and short, the pulsations of the heart violent and extremely rapid, and a comatose state supervenes. When recovery takes place, it is usually after the discharge of pus from internal or external abscesses, when the febrile symptoms gradually abate, and the patient slowly recovers.

CASE I.—Mrs. E. had a small spot appear on the epithelium of her under lip. At the expiration of about a week, I visited her, Feb. 18th, 1852. I found the lip excessively tumid, dark colored, covered within the mouth with fibrinous exudation, and presenting on the outside the appearance of carbuncle. A free crucial incision was made in the lip, followed by no marked benefit. The tumefaction and the redness continued to extend, covering the anterior part of the neck and the thorax. Matter and indurated portions of dead cellular tissue, were discharged from the incisions in the lip and minute perforations in its interior, the frequency of pulse augmented, from day to day, restlessness increased, delirium supervened, on the 23d she miscarried at six months, and on the 24th she died, exhausted, without flooding.

CASE. II.—Miss ———, a robust country girl, tending shop for a fruiterer, June 16th, had an attack, which was almost a repetition of the symptoms of the last case, except that she recovered. She had a small spot on the epithelium of the lip, to which she kept her teeth continually applied. On the day on which I first saw her, the local symptoms were very slight, and the constitutional ones severe. She had been to the store on the day I first saw her. She then had tumefaction of the lower lip, with orifices like pin holes discharging pus and fibrinous substance; great commotion of the whole system, with febrile symptoms and great lassitude and depression of strength. The nutritive, the nervous, the

vascular and the respiratory systems soon became deranged, and the symptoms seemed approaching a fatal result. Small depots of pus appeared about her chin and neck, which were discharged by opening with a lancet; difficult and somewhat stridulous respiration, and loss of voice, was relieved by a spontaneous discharge of pus into the bronchi, and to show how much the poison pervaded the whole system, a small abscess formed upon the thigh. After this, the symptoms gradually abated, and by the 12th of July the patient was able to be carried to the country in the cars.

CASE III.—On the 29th of October, 1850, I visited an Irishman, of previous good health and temperate habits, with a sore on the chin, looking like an abrasion with a margin of vesication. He had left off his work as a journeyman currier, at which he had been employed for more than a year, the day before, on account of constitutional disturbance, of a febrile character. The margin of the sore was very hard, purple and hot. The tumefaction and induration of cellular membrane rapidly extended, without the least abatement, during the five following days. The whole front of the neck became turgid, the eyes nearly closed, the cheeks and parotid glands distended, and at the period of death it had reached the clavicles. No suppuration evinced itself in any spot of the swelling. The pulse grew fearfully rapid, the respiration hurried, the heat of the skin was intense, the mind wandered during the last three days, and death took place on the fifth day of my attendance.

CASE IV.—Some years since I visited, in consultation, a patient in the country, of whose case I have kept no record, much like the foregoing, except that it eventuated in recovery by suppuration. A lad of 17, employed as a tanner's apprentice, had been employed in skinning a cow which had died after calving. A pustule appeared in his neck, and when I saw him, greatly distended the skin on the side and posterior portion of his neck. He had intense febrile commotion, and I prognosticated a fatal result. He recovered, with extensive cellular abscesses.

CASE V.—On the 2d instant I visited, in consultation, in the country, a boy of 15. He had been attacked ten days before with sensations of weakness and *malaise*, for which he knew no cause. At the same time he had a pimple on his lip, near the mouth, which attracted but little attention. At the end of a week this had attained to the usual indurated and dark-colored phlegmonous appearance, with a small quantity of thick pus surrounding a central portion of indurated, fibrous matters, forming an irregularly-shaped core to the pimple. The discoloration, now spreading over a large surface, gave the case the name of erysipelas. When I saw him, about the tenth day, I recognized the usual symptoms of malignant pustule, and the near approach of death. His respiration was labored, with obscure coarse râles in the back; his strength was nearly gone, although he lay with his clothes on, not having been willing to think himself sick enough to go to bed. He had slight delirium—that is to say, an inability to direct the powers of mind, and total want of the power of appreciating his condition; involuntary dejections, and rapid and feeble pulse. He died on the same night. I was unable to trace his case to the contact of impure animal matter, un-



less it might be from a distemper, six weeks before, among the cows on the farm, which gave them ulcers upon the udders, from milking of which he had received sores upon the hands.

The cause of this fatal affection I have always imputed to a morbid poison, locally applied to the body and circulated with the blood. It almost always appears on the lower part of the face, or the neck, although I have seen it upon the arm and the hand. I know of no remedies which can be depended upon to remove it, at the usual period at which it is brought under our notice. Those medicines which procure evacuations from the skin, kidneys and mucous membrane, the great emunctories of the system, by which the useless and hurtful particles, circulating in the fluids, are eliminated, have seemed to me most appropriate. The spirits of turpentine, in doses of half a drachm, in mucilage, every two or four hours, gives relief as a purge, by removing flatus without exhausting dejections. Carbonate of ammonia in doses of five or six grains, every four hours, in some carminative draught, tends to relieve the respiration. Opiates are required for diarrhoea and restlessness, and a free use of cordials and liquid nourishment is generally indicated. As a local application, in the commencement of the disease, the nitrate of silver, very freely applied, has the best reputation, and never should be omitted. The disease is sometimes brought to a stand at once, by the action of this remedy upon the absorbents. Of course its application must be made before the circulating fluids have been contaminated, at which point we are rarely called to treat the disease.

CASE VI.—During the present summer, a lad employed about the wharves, called on me with a pimple on the lower lip, near the angle of his mouth. It had a pustule as big as a pin's head at top, and a hard, purple, swelled base. It had pungent, painful itchiness, and he was sensible of not feeling quite well. I removed the matter in the pustule, thrust in a piece of nitrate of silver, and applied the same over a couple of square inches of the skin. On the next day but one he called again, when I found the pain, hardness and swelling removed, and the lad restored to his usual vivacity. I had no doubt this case was a commencement of malignant pustule.

Among the soothing local applications, I think a solution of acetate of lead, with a small quantity of laudanum, the best application. Diluted alcohol, also, is an application agreeable to the sensations of the patient, and tends to relieve the "diffusive inflammation."

Every practitioner, in this part of the country, engaged in surgical practice, must have observed that suppurative affections, such as paronychia and phlegmon, have been more common for these two years past. Owing to the same cause, I think it is, that we have seen more of this terrible disease, which has been usually denominated malignant pustule.

I have sketched these remarks, Mr. Editor, *currénte calamó*, in hopes of giving some useful hints, and of calling the attention of other observers to this peculiar affection.

A. L. PEIRSON.

Salem, Aug. 14, 1852.

## EXPERIMENT WITH THE NEW ORLEANS BATTLE-GROUND CROCODILE.

BY SAMUEL A. CARTWRIGHT, M.D., N. ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

**PROGRAMME of an Experiment with a Crocodile.**—Do nothing more than tie the trachea. The animal will fall into asphyxia in ten minutes, unless the air-sacs of the lungs are very full of air. In that case it will live longer, and be heard breathing the air within the chest. At any rate, the want of oxygen and the retention of carbonic acid will kill the reptile in less than an hour. In an hour and a half muscular irritability will be totally destroyed. The heart may palpitate a few hours longer. Any or all of the physicians in the city shall have full liberty to use any means to bring the animal to life if they can, or to extort from it by any kind of torture, a single phenomenon of vitality, by any other means than insufflation of the lungs.

*Persons present to witness the experiment.* Two ministers of the gospel, of great learning and high standing; two professors of the Louisiana University—Professor Riddell of the chair of Chemistry, and Prof. Jones of the Theory and Practice; eight practising physicians of the city of New Orleans—viz., Drs. Dowler, Copes, Nutt, McCormick, Hale, Reynolds, Coit and Weatherly. Mr. Chaille, house student of Charity Hospital, was appointed secretary to keep the minutes.

Length of crocodile, 6 feet 1 inch; circumference, 21 inches; mouth, 13 inches, containing 86 sharp-pointed teeth.

At 25 minutes after 10 o'clock the trachea was tied. Much scuffling with the animal to secure it for the operation. Could be heard breathing after the ligature of the trachea, supposed to be the air contained in the air sacs. At 20 minutes past 11 (less than an hour after the ligation), the animal was given over to the physicians present, to extort a single symptom of life from it if they could. They cut, pinched, burnt, tore and lacerated its flesh, skin, membranes, viscera, vessels and nerves, in almost every way, but could produce no manifestations of life. Dr. Dowler tried fire, hooks and forceps on the bare nerves and flesh, without those effects he had been accustomed to show. Muscular irritability was totally destroyed in every muscle and fibre, except the heart, in less than an hour and a half from the ligation. The heart maintained some irritability until nearly 2 o'clock. Inflation of the lungs was attempted an hour and a quarter after the trachea had been tied, and after it was found that no dissection and exposition of the viscera to the action of the air could restore animation, as some of those present expected it would do. But it was found that the lungs had been cut into and too much lacerated to hold the air blown into them. The large bloodvessels had been wounded, and most of the blood in the body had run out. The attempts at insufflation had no other effect than that of increasing the action of the heart from 25 to 32 pulsations in a minute. The unanimous verdict, of those present above mentioned, was that the crocodile came to its death in less than an hour, by the simple ligation of the trachea. Most of those present well knew that these animals will live many hours, or even



a day or more, with their heads cut off; and some testified that they would live equally long after their hearts were cut out. After most of the gentlemen had retired, Dr. Weatherly, in prosecuting the dissection of the dead crocodile, discovered two lymphatic hearts, each about an inch long and two thirds of an inch in breadth.

*Remarks.*—The above are the details of the experiment of the 18th of June, instituted to prove that tying the trachea will kill these reptiles so dead, in less than an hour, that all the doctors in christendom cannot extort from them a symptom of life without inflating the lungs. I had intended to have resuscitated the animal, and to have made it talk a little Hebrew to the divines, telling them that the air is the breath of life, and that the life of the flesh is in the blood, as Moses said it was; but I was disappointed in consequence of the lungs having been too much torn to hold air, and too much blood had been lost to succeed with that part of the experiment. Too much time had also been lost in convincing the incredulous that the crocodile was really dead, and was not *playing possum*, as it is called. I took occasion to point out to the divines, professors and physicians, that the lungs of the crocodile are composed of large sacs, capable of holding a great supply of air; the sacs themselves being composed of membranes interlaced with a beautiful net-work of arteries and veins. These sacs, when distended with air, answer the same purpose to these reptiles that diving bells do for man, enabling them to remain for a long time under the water without coming to the surface to breathe. I did this, because I had understood that Prof. Ely would contend that atmospheric air could have no agency in circulating the blood, because these animals can remain a long time under water without rising to inspire the external air—the professor forgetting that they take with them a sufficient supply to propel the blood until it becomes exhausted. It is also perceived, from the bubbles on the water in which they lie, that they are ever and anon expelling carbonic acid—the poison which is the chief agent in killing them so quickly when the trachea is tied. The chelonians and batrachians are not so readily killed by this method, owing to their excreting large quantities of carbonic acid by their skins.

Although Dr. Dowler had just written a paper, for publication in the July No. of the New Orleans Medical and Surgical Journal, setting forth, in its title, that tying the trachea would not cause death, and some copies had already been struck off, he, like a man of true greatness, went to the press after he had witnessed the above-mentioned experiment, and had that portion of his article stricken out. He thus gave up the position he had assumed as soon as he was convinced of its incorrectness, and is at present *hors du combat* unless he chooses to assume some other. But the experiment was performed too late to arrest the blow from Prof. Ely. The avalanche was loosened and was already descending. His criticism had gone to the press, and was ready to appear on the 1st of the present month in the New Orleans Medical and Surgical Journal, and appeared accordingly; introduced to the notice of the profession by the learned and amiable editor of that popular Journal in the following words—"Article 8th, on the motive power of the blood, by Dr. Ely, is

a master-piece of logic and severe analysis. It utterly demolishes the so-called Willardian theory, and leaves scarcely a wreck behind. If any enthusiast can command the moral courage hereafter to uphold this vision of the brain, he will be compelled to rest his postulate on a sandy foundation. Dr. Ely has ended the farce. His paper is a model for argument and that scathing criticism which many may try to imitate, but few can excel."—(Page 134, July No.) In justice to Dr. Hester, it is proper to say, that when he issued this bulletin of victory, he thought a victory had been won, and he was only chronicling the auspicious event. He had not heard of the experiment with the battle-ground crocodile on the 18th of June, and did not know that *la grande dragonne* on that occasion had thrown the renowned knight, Dr. B. Dowler, from the saddle, and that he and his whole command were in captivity. The ground taken by Dr. Ely, was the same as that I had anticipated, viz., that tying the trachea would not kill an alligator, and that the one which was brought to life by insufflation, as related in my first communication, would have come to life at any rate if we had waited a little longer. The experiment of the 6th of May, above alluded to, where holes had been cut in the air-passages, below the ligature, was ingeniously brought forward to strengthen the position assumed, forgetting to mention the apertures for the ingress of oxygen and the egress of carbonic acid below the ligature. Although it is known to naturalists, that of the 12,000 species of fishes not one has any muscular organ answering to the left ventricle of mammals, the able professor so ingeniously worded his criticism as to lead the uninformed to believe that something like a muscular organ, corresponding to the left ventricle, actually exists in fishes to propel the arterial blood. He took no pains to show that the *bulbus arteriosus* was on the right side and not on the left—a mere appendage of the right and only ventricle fishes have got—and that there is no muscular organ at all to circulate the red blood. He very courteously admitted that the alligators I dissected on Lake Concordia may have had lymphatic hearts, but he is very positive that those of the Nile and the Mississippi have none, because the great Cuvier overlooked them. He, however, happened to overlook Cuvier's sixth volume of Comparative Anatomy, where the lymphatic hearts of the crocodile are particularly described.—(Pages 85 and 86. Anatomie Comparée, Paris, 1839.)

The dorsal vessel in insects has no arteries or veins. The blood, as in other creatures, cannot go to seek the air, because there are no blood-vessels to carry it to the air, but the air goes to seek the blood through innumerable small tubes called tracheæ, and gives it life and motion. But because the early entomologists happened to call the dorsal vessel a heart, and observed a flux and re-flux of the fluids contained in it, the able logician would make his verbal logic exclude the evidence of three millions of species of animals proving the truth of the doctrine that it is the air which gives life and motion to the blood. As to the objection raised to the publication of my papers in such a distant place as Boston, where alligators are not as well known as in New Orleans, and the data not so apt to be questioned, I will merely observe that I am not writing



for notoriety, which I had rather avoid by selecting the most distant place for the publication, where I am unknown or least known—promising, however, to prove the data if called in question. Natural History is the same science everywhere, and it is quite immaterial whether contributions to it be published in Boston or New Orleans.

144 Canal st., New Orleans, July 26, 1852.

#### METHOD OF FIXING LOOSE BODIES IN THE KNEE-JOINT.—OBSERVATIONS ON OPERATIONS FOR THEIR REMOVAL.

[Communicated for the Boston Medical and Surgical Journal.]

ALL surgical writers agree upon the necessity and difficulty of properly securing loose foreign bodies in the knee-joint, for the purpose of removing them. The following method is proposed, as one on which we can rely.

Having placed the loose body at the upper part of the synovial cavity, to the right or left of the tendons of the rectus and vasti muscles, let an assistant firmly grasp the lower end of the femur with both hands, having one thumb on the right and the other on the left side of the foreign body, with their extremities in contact below it; thus confining it in a triangular space, two sides of which are formed by the thumbs, the other and upper one being bounded by the capsular ligament. This arrangement, with due pressure, secures it effectually and without difficulty; gives the operator the use of both his hands; allows the incision to be made in the direction of the limb; and prevents the escape of synovia, and the admission of air or blood to the joint.

This method is proposed as being more frequently practicable than one suggested by a young gentleman who was the subject of an operation for the removal of a loose cartilage from the knee-joint; and successfully adopted in that case, a summary of which is here given.

The right knee was sprained six years previous to the operation, and for five years was subject to all the peculiar inconveniences attending a loose cartilage in the joint. At the time of the operation there was no inflammation. The patient, sitting in bed with the knee flexed, over pillows, at an angle of about 135 degrees, secured the cartilage, at the right side of the tendons of the extensor muscles, by placing his index fingers in the position described for placing the thumbs. For greater safety an assistant pressed, with his thumbs, on the fingers of the patient. The cartilage was readily removed by the *direct* incision. The wound was cleansed, and its edges brought in apposition, ere the pressure was removed. Adhesive plaster, dry lint and a bandage were applied. No evaporating lotion, at any time, was required or used. Diet plain. Medicine, sulph. magnesia  $\frac{3}{4}$  ss. three days after the operation. The knee was kept at rest, in the partially flexed position, for two weeks. The wound healed, perfectly, by the first intention. The dimensions of the cartilage, which was of an oval form, were twelve, eight and four lines respectively.

*Observations.*—The direct incision is preferable to the valvular, or to

the subcutaneous method. The valvular renders the operation unnecessarily complicated, and is more likely to retain any contingent discharge, which, being forced into the joint, would produce serious, if not fatal, consequences. "This proceeding," observes Mr. Liston, "I practised, long ago, in some three or four instances; in the last the patient nearly lost his life, and with difficulty was enabled to preserve his limb." Mr. B. Cooper, of three operations by this method, was fortunately successful in the first; in the second the joint ankylosed, and in the third the patient died in consequence.

M. Goyrand's method is favorably noticed, theoretically, by many, yet it is more easily described than performed. Mr. Liston says, "it is very difficult of execution, and is likely enough to fail even in the hands of surgeons in the habit of performing many and trying operations. In the case of a young woman in the hospital, some years ago, I failed, most signally, in removing the foreign body from the joint. Since then, I have seen right to modify the proceeding, and have succeeded most perfectly and satisfactorily in four cases." The modification consists in again introducing the knife, at a right angle with the first incision, "so as to complete a pretty large *crucial* incision of the immediate coverings of the body to be removed." This modification, though it may facilitate the removal of the mass to its new bed, is doubly obnoxious to difficulties previously stated by him. "The fixing of the mass is often not an easy matter. It may, moreover, escape into the joint during the incisions." Nor will it lessen the danger of "diffuse infiltration, and the formation of matter around the mass in its new bed," as occurred in one of his cases after M. Goyrand's method, and must increase the danger of communication with the synovial cavity.

Sir B. Brodie operated repeatedly and solely by the direct incision. Of the subcutaneous method, he said, "I do not, myself, see why it should be preferable to the other; it is not the wound of the skin, but that of the synovial membrane, which makes the danger."

Position of the limb, after the operation, may be of even more importance than the mode of operating. It should be such as will favor union, by the first intention, of the wound in the synovial capsule. As the incision is made in the direction of the limb, the extended position, usually recommended, must tend to separate the edges of the wound, whereas the partially flexed position will naturally close the wound, and protect the synovial cavity from foreign invasion.

*East Boston, Mass., Aug. 13, 1852.*

E. BARTLETT, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1852.

*The Mastodon Giganticus.*—John C. Warren, M.D., of this city, long distinguished as a surgical teacher and operator, in addition to his multitudinous labors, which increase instead of diminishing with his advancing



age, has produced a work on the gigantic Mastodon of North America, that will be a perpetual monument of his industry and scientific researches. We have rarely examined a more beautifully printed volume, from a home press. It is a quarto, illustrated by a variety of drawings, executed in a style of art that gives reliable information of the appearance of the osseous wrecks and ruins of a mighty race of animals, the epoch of whose extinction bids defiance to the scrutiny of the learned. Dr. Warren possesses rare advantages for conducting an inquiry into this obscure subject, from being the owner of a nearly perfect skeleton, and from a thorough familiarity with the bones in the cabinets of Europe, belonging to the varieties of the mastodon, which have there been preserved. Next, he possesses the requisite perseverance to accomplish the undertaking.

This is not precisely the place to discuss the merits of the book. We are certain, however, that it will be sought with avidity by the learned of all countries. He has eminently contributed to the stock of scientific knowledge, and his efforts will be cheerfully and gratefully appreciated wherever this evidence of his erudition may circulate over the globe.

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*Clinical Reports on Continued Fever.*—George H. Derby & Co., Buffalo, N. Y., have brought out an octavo of 390 pages, on a subject that cannot be otherwise than well received by the medical profession. Readers of the Buffalo Medical Journal are familiar with the contents of the book, as it first appeared in the pages of that work, a little at a time, extending through a period of three years. There is an advantage, however, in having the whole together. These reports are an analysis of one hundred and sixty-four cases, with observations on the treatment of continued fever; the identity of typhus and typhoid fever, &c., together with a memoir on the transportation and diffusion, by contagion, of *typhoid fever*. Austin Flint, M.D., of the Buffalo Medical College, and editor of the Buffalo Medical Journal, is the author. Of all obscure subjects, that of fever, in its varied aspects, is one of the most difficult to fathom in the whole range of medical literature. It has been written upon, till the catalogue of authors, alone, would make a respectable volume; and yet so little is known of the laws by which the disease is governed, that physicians have no settled mode of practice to be relied upon. Our ignorance is partly due to the circumstance that theories have been regarded with more favor than facts. If, from the beginning, a system of research had been instituted, and the schools had been contemplating actual phenomena, in all cases, instead of admiring ingenious theories, there would have been a different state of things in our day. But men of sterling powers are now concentrating their efforts, and interrogating nature herself, with the happiest prospects of success. Dr. Flint is one of that class of medical philosophers who take nothing on hear-say. He investigates for himself, and the treatise to which these remarks refer is one of the monuments that in after times will bear witness to his industry and genius.

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*Maculated Typhus.*—Dr. Upham's articles in the New York Journal of Medicine have taken the form of a neatly printed book, octavo size, illustrated with colored plates, exquisitely drawn. With sentiments honorable to the author, he has dedicated this instructive production to his friend and instructor, Charles H. Stedman, M.D., formerly surgeon to the Chelsea Marine Hospital. Of course it would be unfair towards our friend, Dr. Purple, to

republish any portion of the article, after the wide circulation given to it in his Journal. Whoever reads Dr. Upham attentively, will admit that he is a patient and thorough investigator. The suggestions in regard to treatment are urgently recommended to the young practitioners on the sea board, where cases of ship fever are most prevalent.

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*Hints to the People.* — Dr. Wood's little book — before spoken of — designed to exhibit, in a plain way to every body, what a physician should and should not be, maintains its popularity. The style is good, and the arguments conclusive. Western New York is a suitable ground for sowing such seed. There are a large number of irregulars for two or three hundred miles around Buffalo. But the book should be read everywhere.

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*Medical Expositor.*—Such is the title of a quarto sheet, published semi-monthly, at Lowell, which seems to be so familiar with a variety of subjects quite foreign to medicine, that we do not precisely comprehend the object of the editor. It may have a very serviceable local influence; but without knowing what certain individuals have been doing to provoke the hostility of the editor, the pith of some of the paragraphs is quite incomprehensible. An uncompromising war is openly declared against quacks and quackery. If the name of the gentleman who conducts the Expositor were appended to the sheet, the medical public would be able to determine its credibility and its probable destiny.

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*Medical Properties of Gin.*—Some time since, an apparently sensible paper was sent over the country, exposing the cheats practised by spirit dealers in New York. It was a serious matter for contemplation, that habitual rum, brandy, whiskey and gin drinkers, were drugging themselves with a spurious article. Were their livers inflamed and their stomachs destroyed by genuine liquors, nobody would have been to blame, because a breaking up of the constitution, and a destruction of the brain if the tippler ever had one, was to be expected, in a legitimate way, at a proper period; but to suffer all this from the effects of counterfeits, was enough to rouse the indignation of all free, independent citizens. The author of that alarming notice has issued another circular, in which are set forth the curative properties of good old Holland gin, fresh from his manufactory at Schiedam. Why, it is a perfect wonder, as a remedy, in dropsy, gravel, and forty more equally terrific maladies that have so long bid absolute defiance to ordinary medication. It is surprising how good it is. We really fear that these diseases will be sadly on the increase, when the long concealed virtues of genuine gin are fairly made known. Mr. Wolfe has personally addressed members of the profession—certainly he has urging upon their special attention "*My Aromatic Schiedam Schnapps!*" Society is advancing.

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*Stone's Artificial Legs.*—An old proverb says that no one knows where the shoe pinches so well as the person who wears it. Who, likewise, can estimate the excellences or imperfections of a wooden leg like him who has one on? Mr. Stone, as well as Mr. Palmer, wears a leg of his own manufacture—and both being admirable artists, if they have poor legs there



is nobody to blame but themselves. A week or two since, we had occasion to speak, as oftentimes before, of the beauty of Mr. Palmer's workmanship; and as to his success, the press on two continents has heralded his fame. Mr. Stone, of Boston, evinces the same kind of ingenuity for which Mr. Palmer is celebrated, and is eminently successful in imitating nature, in the motion of the knee and ankle-joints. One of his models was opened at the calf, the other day, to show how the spiral springs and a certain lever were secured, and we are free to say that it was not only a curiosity in the way of packing, but something more—it was a marvel that willow wood, steel and leather, could be put together in a manner so much to resemble a living limb. Mr. Stone believes he has accomplished a desideratum in the construction of the ankle, the exact character of which we cannot clearly explain, although he can himself. We wish him that encouragement which is due to misfortune, ingenuity and integrity.

It is something of a satisfaction to know that these gentlemen, who are without competitors in their way—conduct the business in the U. States. If it is not true that bandy-legged gentlemen are having their old supporters amputated for the pleasure of wearing artificial ones of better shape, from the manufactory of these gentlemen, it is pretty certain that the superiority of the limbs made by either of them over those which have been heretofore in use, is beyond contradiction.

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*Syphilis.*—Medical practitioners will find, in the letters of M. Ricord, an amount of information on the disease of which they treat, worthy of special consideration. Dr. Slade translates with great accuracy, and is conferring a favor on the profession which they will doubtless readily acknowledge.

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*Pennsylvania College.*—From the catalogue attached to the circular, it appears the class was a large one the last season. There is a fascination in and about Philadelphia, that draws in medical students like a maelstrom. The more colleges they have, the more are needed to accommodate the influx there of young gentlemen in pursuit of medical instruction.

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*Rush Medical College.*—A full course of lectures actually costs but \$25 in this institution—which is next to nothing at all—and the circular is particular to mention the fact that the matriculation ticket is *free*. A movement is making in regard to the tax upon students of from three to five dollars, under the name of *matriculation ticket*. It will soon be broken up. The faculty of schools have just as much right to present a bill for the use of the seats on which the young gentlemen sit during the term. Students pay for a course of lectures, and it seems to us there should be no claim upon them for any thing more.

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*Starling Medical College.*—Preparations are actively pursued to put the new building for this college in excellent condition by the first day of November. It is not material to know exactly how many lecture-giving medical institutions there are in Ohio, since it is well established that the Starling, at Columbus, is equal to the best of them. Last season forty-eight students were graduated.

*Remarkable Case of Precocity.—Menstruation occurring at four years of age.* By CHAS. R. KEMPER, M.D., WOODVILLE, Va.—A servant girl, owned at this time by Mr. C. M. W. of our village, is the subject of a precocious development of the female reproductive organs and appearance of the menses. The development of the genital system in this girl, from a year old, was noticed to progress rapidly, till she attained her third year, when an increased size of the mammary glands was first observed, and, shortly after, there appeared the usual growth of hair on the pubes. When she was four years and one month old, her catamenia made their first appearance, and have continued regularly to return up to this date. She is now just entering her thirteenth year.

The development of the brain seems not to have kept pace with the physical growth, but she is possessed of a degree of intelligence usual for her age. She is much larger than an older sister, and has the appearance, from the breadth of the chest and pelvis, to be a fully developed woman.—*Ib.*

*Medical Miscellany.*—In the public schools of Natchez, the past year, ending in July, the deaths were only 3 out of 619, or one in two hundred and six, being less than one half of one per cent. Including the Institute, the number of children was 1,020. Natchez has been misrepresented, therefore, or its sanitary system has improved the public health.—John Moore, a revolutionary soldier, died at Memphis, Tenn., on the 30th of July, aged 101 years.—Cholera is making some advances in different parts of Europe. In Prussia, the disease was particularly fatal.—A child died in South Boston, last week, from the effects of wounds inflicted by rats, some time ago.—A little girl in Morgan Co., Virginia, was bitten in the neck by a rattlesnake, and died immediately.—A bill has been passed in the U. S. House of Representatives, granting public lands for the erection of hospitals, by the States, for the indigent insane.—A Michigan Journal asserts that there are 50,000 medical practitioners in this country.

TO CORRESPONDENTS.—The continuation of the papers of Drs. Slade and Coale have been received; also communications from Dr. Sanborn, of Lowell; Dr. Adams, of Hallowell, Me.; Dr. Kelley, of Esperance, N. Y.; Dr. Magoun, of Natchez, Mi.; Cato, of Philadelphia; and L. C., of Boston. Documents relating to the unpleasant affair of the Obstetrical Report at last year's meeting of the American Medical Association, have likewise come to hand. We doubt the expediency of having this matter again spread before the profession, and hope the author will so far agree with us as either to suppress them, or present them to the public in some other way.—The queries respecting the proper remedy in cases of eating friction matches, may be briefly answered by saying that for poisoning by phosphorus, of which they are composed, no specific is known. An emetic should be promptly given; afterwards copious draughts, with magnesia in suspension, mucilaginous drinks, &c.—An inquirer is informed that the "cabalistic" initials M. R. C. S. E. stand for "Member of the Royal College of Surgeons, Edinburgh," and M. R. C. S. L. the same College of London. Sometimes an individual belongs to both Colleges, when the proper title is M. R. C. S. L. & E. The Mass. Med. Society has always had a latin title for its members—thus, M. M. S. S.—the three first letters designating the name of the society, and the last, *socius*, or fellow.

DEATHS.—Dr. Styles, of Claiborne, Miss., took strychnine, by mistake for quinine, and died in a few minutes.—At Frieburgh, in the Grand Duchy of Baden, Baron George Frederick de Lunsdorf, a celebrated traveller and botanist, aged 77.

*Deaths in Boston*—for the week ending Saturday noon, August 21. 84.—Males, 43—females, 41 Apoplexy, 2—disease of bowels, 1—inflammation of bowels, 5—inflammation of brain, 1—consumption, 10—convulsions, 2—cholera infantum, 4—cholera morbus, 1—cancer, 1—croup, 2—dysentery, 8—diarrhoea, 6—dropsy of brain, 4—drowned, 2—typhoid fever, 1—scarlet fever, 8—hooping cough, 2—infantile, 4—inflammation of lungs, 3—marasmus, 5—old age, 1—puerperal, 1—rheumatism, 2—teething, 5—thrush, 1—unknown, 2.

Under 5 years, 49—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 6—over 60 years, 7. Americans, 29; foreigners and children of foreigners, 55. The above includes 10 deaths at the City institutions.



**Doctors' Tax.**—We have received an official copy of resolutions passed by a full meeting of the physicians of Northumberland county, protesting against the tax on doctors' licenses. But believing that there was a misconstruction of the law, we will take the precaution, suggested by the secretary, of submitting the matter to the attorney general, before we publish them.

We fully concur with those who think that "the powers that be" have no abstract right to tax the profession without recognizing or protecting it. It is by law and by usage a *trade*, and should be on the footing of such in the tax bill; then why tax the calling of doctors, and exempt that of carpenters, blacksmiths, etc.?

This is a grievance incident to the present condition of our profession, and, together with innumerable others, cannot be remedied till we reform our ranks, organize ourselves, and show that we are worthy of consideration, at least as a class. Let the laws recognize and protect us, and we will not grudge a heavy class tax. But this it will never do, so long as each individual "saw-bone" mopes about like a superannuated granny, utterly careless of all but his pittance fees and the poor puny bubble of reputation in his neighborhood. Let every man worthy of the appellation of *doctor*, put his shoulder to the wheel, and we shall soon be disenthralled and enfranchised. Let the watchwords be, *organization* and *reform*.—(*Virg.*) *Stethoscope*.

**Manganese.**—Some attention has lately been given, in France, to a variety of preparations of manganese. Manganese is commonly found associated with iron in minute quantities. It appears to be an invariable constituent of the blood, and in certain diseases, in which the iron, normally contained in that fluid, is deficient, the manganese would seem to be deficient in similar proportion. It is said that the preparations of manganese, given in connection with those of iron, in such diseases, produce effects which cannot be obtained from iron alone. Various formulæ have been offered for its administration. Commonly similar salts of the two articles, as the sulphate, lactate, carbonate, &c., are given together, the manganese being to the iron in the proportion of from  $\frac{1}{2}$  to  $\frac{1}{3}$ . The subject would seem to deserve further inquiry.—*N. Y. Journal of Pharmacy*.

#### BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL PRIZE COMMITTEE, APPOINTED BY THE CORPORATION OF Harvard College, consists of the following Physicians:—

JOHN C. WARREN, M.D. GEORGE SHATTUCK, M.D. WALTER CHANNING, M.D. J. MASON WARREN, M.D.  
EDWARD REYNOLDS, M.D. SOLOMON TOWNSEND, M.D. J. B. S. JACKSON, M.D. D. H. STORER, M.D.  
and JOHN JEFFRIES, M.D., Secretary.

At the annual meeting held August 4, 1852, it was found that no dissertation had been offered on the first subject, viz.: "On the diseases of the Prostate Gland."

A prize of sixty dollars, or a gold medal of that value, was awarded to Waldo S. Burnett, M.D., of Boston, Mass., for the best dissertation on the 2d subject, viz.: "Original researches with the Microscope, illustrative of Anatomy, Physiology, or Pathology."

The subjects for 1853 are—

1. On Piræcentesis in Pleurisy and other diseases followed by effusions into the cavity of the Thorax.
2. On the use of Cod-Liver Oil in Phthisis and other diseases of nutrition.

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday in April, 1853.

The following subjects are proposed for the year 1854, viz.:

1. On the constitutional treatment of Syphilis.
2. On the non-malignant diseases of the Uterus.

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday in April, 1854.

The author of the best dissertation, considered worthy of a prize, on either of the above subjects, will be entitled to a premium of sixty dollars or a gold medal of that value at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish, annually, the following votes, viz.:

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.
2. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

JOHN JEFFRIES, Secretary.

Boston, August 5, 1852.

Aug. 18—6tf

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 5.

## AMPUTATION AT THE SHOULDER-JOINT.

BY E. K. SANBORN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient, Mr. Wm. Mason, 18 years of age, had been for a short time employed in the Tremont Cotton Mills, of this city, as a tender of a machine called the "picker." On the morning of the 6th of May last, while in the act of slipping a belt on to a pulley, the sleeve of his frock (probably) was caught by an iron shaft revolving with great rapidity, drawing him over it, and finally tearing the left arm completely off just below the shoulder. The point at which the humerus separated was about six inches below the shoulder-joint. The laceration of the soft parts extended into the axilla, and to a considerable distance over the left pectoral muscle.

In addition to the injury to the arm, above described, the *skull* was laid bare by three distinct wounds four or five inches in length, commencing at the left eyebrow, and extending in a radiating manner over the frontal and temporal region.

At the time the accident occurred, the patient was *alone* in the room, which is in the 2d story of the building; and his appearance in the room below, in the mutilated condition described, was the first intimation his fellow workmen had of the accident. He described the manner in which the accident occurred, and one of the men went up and found the arm lying on the floor beside the machine and the wall of the room (which is about eighteen inches from the shaft), covered with blood, showing that the man must have accompanied the revolutions of the shaft for a certain length of time before the arm finally separated.

I saw the patient twenty minutes after the accident. He was then lying on the floor of the basement room of the mill, suffering a good deal of pain, but retaining his strength and faculties to a wonderful degree. There was no hæmorrhage of consequence from the stump. Brandy was administered to him pretty freely, and he was immediately removed to the Hospital, where, in the absence of Dr. Kimball, the patient came under my charge.

There was no doubt as to the course to be pursued, and accordingly, with as little delay as possible, the patient was brought under the influence of chloric ether, and I proceeded to disarticulate the humerus at the shoulder, assisted by Drs. Green, Davis and Kendrick, of this city. The



integuments of the axilla and anterior part of the shoulder being gone, it was necessary to form, from the tissues of the superior and posterior parts, a flap of sufficient size to cover the wound. This was done by dividing the attachments of the pectoral muscle, passing the knife into the joint from the front, around the head of the bone, thence outwards to the surface, forming the large posterior flap alluded to. In the course of the operation a fracture was found to extend through the neck of the scapula; but as the periosteal investment seemed entire, it was not deemed necessary to remove the fragment.

At this stage of the operation an unexpected difficulty presented itself; and the patient was for a short time in extreme peril. It has been noticed that there was no hæmorrhage from the lacerated stump. Neither did any *immediately* follow the operation; and on searching for the axillary artery, it was found that it had been torn off *higher up*, and therefore had escaped the knife altogether. The sinus-like track of the vessels was found, running upward under the clavicle, and a tenaculum thrust in, which was almost immediately followed by arterial hæmorrhage—slight, at first, but which increased finally to a degree that threatened the life of the patient. The thumb and forefinger of the left hand were thrust up the wound in the direction whence the blood proceeded, and the extremities of the vessel caught, at the point where they emerge from between the clavicle and rib. The wound was then enlarged in the direction of the clavicle, a tenaculum thrust through the mass held by the thumb and finger, as high up as possible—and finally a stout ligature applied above, arresting the bleeding entirely. No other vessel required to be ligatured.

The patient at this time was looking very badly, and required pretty active measures—with stimulants, frictions, &c., to restore him to any degree of consciousness. He soon began to rally, however, and the edges of the wound were then drawn together by three or four sutures, and a cold-water dressing applied.

During the night following the operation, the pulse rose to 130, and the patient was delirious. These symptoms continued, with little variation, for three or four days, when the wound commenced to suppurate freely, and the patient to improve.

The subsequent details of the case it is not necessary to give, excepting that the final closure of the wound was somewhat delayed by the presence of the ligature, which did not come away until the *thirty-fifth* day. On the *forty-ninth* day the patient left the Hospital, well.

The above case is given, not as being a rarity in surgery, but as affording a good illustration of the power of a young, healthy subject, to withstand shocks of the severest nature, and of the success which may follow primary operations in the most unpromising cases.

The conduct of the young man at the time of the accident was also most remarkable. It was noticed above, that he was at work *alone* in an upper story of the building. To reach the stair-case—which was at the opposite end of the room—he was obliged to climb over a pile of cotton which surrounded the machine—in all not less than twenty bales—and on reaching the room below, retained his self-possession perfectly, and detailed the circumstances of the accident with remarkable calmness.

“NORTHERN CONSUMPTIVES IN SOUTHERN CLIMATES.”

[Communicated for the Boston Medical and Surgical Journal.]

THIS is the caption of an editorial in the 21st number of the weekly issue of this Journal, published the 23d of June, 1852—and which forcibly called my attention to the subject alluded to. It is one of immense importance, and should be carefully studied and well understood. It is admitted universally that climate influences and controls the functions of life to a great extent—its effects, for good or evil, are past all computation. Bearing this fact in mind, how can a consumptive individual, without correct information, venture upon the risks and consequences of a long and fatiguing journey, separated from home and all its endearing concomitants in the hour of sickness? Viewed in any light, it is a fearful undertaking. This being the case, it is often deferred, and made the dernier resort, whereas it should be resorted to at an early period, the *earlier the better*. When emaciation and general feebleness are seen and felt, when vitality is barely sustained, the respiration almost suspended, the lungs destroyed, tubercles softened and cells formed, how can hope still flatter that a change of climate will call back the vigor of former days, and repair the damage done by disease. But it is even so.

We shall take it for granted that a southern climate, free from extremes of great heat and cold, either in summer or winter, other climatic influences being favorable, is far the most part preferable, and best suited to persons having a tendency to pulmonary disease. This position is abundantly sustained by the records of the past, and will not be called in question at this day by any one who has at all investigated the subject.

Invalids who spend the winter months in a genial clime, and are at all benefited, should remain in that climate constantly; for by going home in the spring and returning in the fall, a change twice a year is made, and a shock each time given to the system in adapting itself to its new position. A patient spending four, five or six months of the year in a suitable climate, and then changing it for the one where the disease was contracted and nurtured, and that probably before the lesion of the lungs is entirely relieved—how can we expect him to survive any great length of time under such changes and vicissitudes, the north undoing in the summer what the south had accomplished in the winter. For I would have it borne in mind, *and never forgotten*, that other than thermometrical influences have a great and preponderating influence in this matter.

Our summers are not only “tolerable,” but the heat is not so great at any time as the hottest days in New England. We have spent years here without knowing the thermometer to rise above 90° Fah. Both in summer and winter our climate is characterized by a more equable temperature than that of the north. Persons not necessarily exposed to the sun’s rays, during the day, or engaged in laborious work, hardly ever complain of oppressive heat. The morning and evening air is always pleasant and bracing; the nights, with very few exceptions, are cool enough to require some covering while in bed. I do not now recollect but one foggy morning during the past six months, and that was only for an hour or two. One great and valuable addition to the comforts of



life among us has been obtained during the past few years, and that is a plentiful and cheap supply of ice. No family need now be without it. It is peculiarly pleasant and agreeable in health, but more so in sickness, and then also it becomes a powerful remedy. Its judicious use is every year increasing, and applications of it are now made with the happiest effects, in diseases in which, a few years since, its use would have been deemed hazardous.

If the fact of a strong tendency to consumption can be established, according to our present knowledge of the disease; if the stethoscope and auscultation can aid us, as far as some writers would have us believe, and guide with unerring precision to a correct diagnosis—but few consumptive cases should be allowed to remain to linger and die in the northern States; for one fact is certain, a very large proportion of all the cases that emigrate to this location, and remain here permanently, never fall victims to that disease. I make this statement under the full responsibility of its importance, and am triumphantly sustained by near twenty years of observation.

In conclusion, if benefit can be obtained by a winter resort to the South, infinitely more can be realized by a permanent change of residence. I hope this view of the subject will in time to come be more attentively considered by the medical profession, as well as patients requiring advice in reference to this particular disease.

*Natchez, Mi., Aug. 4th, 1852.*

C. S. MAGOUN.

#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

##### FIFTH LETTER.

MY DEAR FRIEND,—I promised to commence to-day the great questions to which the study of blennorrhagia gives rise. I shall endeavor to do honor to this serious engagement; serious in fact, for, as I hope to be qualified to show, the point that I undertake to discuss at this moment may be considered as the key stone to the syphilographic edifice.

All that I have thus far said upon blennorrhagia, relates to simple blennorrhagia, which may be considered or not as the product of a special virus, but a virus completely foreign to that which syphilis, properly called, produces. However, this blennorrhagia, according to a great number of authors, can produce consecutive accidents perfectly identical to those which chancre produces. It is incontestable that a great number of patients, affected with constitutional syphilis, do not accuse for antecedents anything but blennorrhagia. These patients are sometimes right. I do not deny the fact; but after having verified it, I do not confine myself to leaving it in a crude state, and to crying out with emphasis, it is a fact, and then oppose it with intolerance.

The entire question can be reduced to these terms: when a blennorrhagia has been the point of departure of a constitutional syphilis, has there not been something else than that which we have before studied in

blennorrhagia properly so called? Experimentation has proved, and pathological anatomy has come to its aid, that the urethra, and the deep and concealed points of the other genital mucous surfaces, can be the seat of chancre, the necessary source of syphilitic accidents. It is for not, having recognized the concealed chancre, that the doctrine of Balfour, of Tode, of Bell, and that great scaffold built upon the experiments of Hernandez, have very nearly given way.

With the doctrine of the existence of urethral or concealed chancre, the virulent blennorrhagia cannot be doubted; it is identical with chancre, it is the chancre itself.

This idea is not new in science, and I am astonished that the detractors from priority have brought nothing against me in this respect. However, it is a long time since the ulcerations of the urethra were recognized. Mayerne, in the seventeenth century, attributed at that period the urethral blennorrhagia to pus produced by ulcers within the urethra, and gave to it the name of *pyrroia*. Many others still, whom I do not wish to recall, have verified the presence of ulcerations in the urethra; but do you not consider it strange to see Swediaur, who sustains the identity of blennorrhagia and of chancre, say precisely that which cannot be denied, viz., that blennorrhagia is virulent when ulcerations exist in the urethra!

If in three autopsies of persons hung, who were affected with blennorrhagia, Hunter did not prove the presence of ulcerations in the urethra; if in an autopsy of which M. Philippe Boyer has given an account; if in some others still nothing has been found, it is because they had to do with simple blennorrhagia. I have shown to the Academy of Medicine two specimens of pathological anatomy, the designs of which and the accompanying observations may be found in the *clinique iconographique* of the Venereal Hospital, and upon which MM. Cullerier and Lagneau have made a report. These specimens presented some chancres of the urethra at different depths, which previous to death had been recognized by inoculation.

Thus, inoculation first, and pathological anatomy afterwards, have proved, in an incontestable manner, the existence of chancres of the urethra. To tell the truth, no one denies it, even those who wish to ascribe to simple blennorrhagia the consequences of syphilis. The chancre concealed in the urethra is not, then, an hypothesis, but a fact proved as certainly as any other medical fact. And yet, singular phenomenon! those even who have best studied the chancre of the urethra—who, like M. Baumès, have been able to recognize it *at the depth of an inch* in the canal—when it comes to establish the logical deductions of its existence, love better to launch into the field of hypothesis, than to admit that which observation and good sense point out to them. Observe, in fact, M. Baumès and others, establish, with a rare sagacity, the differences which exist between chancre and blennorrhagia, in tracing with clearness the differential characteristics, and arriving, at the end of his comparison, to conclude upon the identity of these two accidents.

It is always, dear friend, the same contest between the logic of facts and the preconceived ideas of which I have noticed the results even in



the great mind of Hunter. Very recently I have again perceived these singular manifestations, in a pamphlet, otherwise interesting, of M. Lafont Gouzy fils.

But here some serious objections present themselves. "The existence of chancre in the urethra cannot explain all the cases of constitutional syphilis, which appear to have blennorrhagia as a point of departure." "The number of urethral chancres is too small relatively to that of the constitutional veroles with blennorrhagia as antecedent. In fine, there are some cases of blennorrhagia in which it has been impossible to verify the urethral chancre, and which have been followed by constitutional accidents."

Here I am going to astonish greatly my antagonists by making the concession that all this is true. But you will see, dear friend, that this concession is but apparent; for I hasten to add, that which ceases to be true are the explanations which have been given of these facts.

It is very certain that relatively to the immense number of blennorrhagias which exist, the symptomatic blennorrhagia of concealed chancre in the urethra constitutes the exception. In fact, they say to me, with an appearance of reason, but how is it, then, that the number of cases of syphilis coming on after the pretended chancre of the urethra, should be almost in proportion with the veroles coming on after the external chancre? Here, my dear friend, I ask all your attention, not because I wish to be subtle or captious, but because the form of reasoning which I am forced to employ to answer this objection, itself very subtle and captious, has need of being followed in all its conditions.

Yes, the chancre concealed in the urethra is rare.

No, the number of veroles, the consequence of chancre concealed in the urethra, does not appear rare.

You are about to cry out, sophistry; but hear me.

That chancre in the urethra is rare, is incontestable; my experiments, those of my honorable colleague and friend, M. Puche, and those of many other observers, have proved it without reply. Do you wish that I establish a proportion? I much desire to do so. Let us admit 1 in 1,000, which is, I am convinced, far greater than the reality. Let there be, then, on one hand, 1 chancre of the urethra in 1,000 cases of blennorrhagia. Do you recollect on the other hand, how frequent and extended is blennorrhagia? Do you recollect that Lisfranc, with perhaps a little exaggeration, said that out of 1,000 adults, he counted 800 who had had, who had then, or would have, blennorrhagia? However this may be, my dear friend, out of 1,000 cases of blennorrhagia, there are 999 of which you never hear mention, which will have had no unhappy consequences, against a solitary one, which will have determined the constitutional infection.

It is a small number, without doubt, but make your calculations upon the hundreds of thousands, upon entire populations, upon the population of Paris, for example, which numbers three to four hundred thousand adult men; compute the number of blennorrhagias contracted in this great city; only calculate for the concealed chancre but the small number of 1 out of 1,000, and you will still arrive at a sufficiently

large number of blennorrhagias which would consecutively determine the verole.

Well, what happens in practice? That you do not see in the hospitals nor at the consultations of physicians, but those patients in whom the syphilitic infection has been preceded by a blennorrhagia with a concealed chancre. A physician of a hospital devoted to these diseases could meet, in the course of his practice, with ten, twenty, thirty examples; but what is that in comparison to the number of simple cases without any unhappy consequences? But those patients who have no other antecedent than the blennorrhagia for their constitutional infection, strike the mind of observers; the remembrance of them remains deeply engraved; their number, relatively small, increases in their imagination, and they do not fail to present this as a formidable objection to the non-identity of blennorrhagia and syphilis.

You see to what this objection is reduced; I hope that I have destroyed it. I am accused of founding an hypothesis with the concealed chancre, of establishing a system. However, I have proved the fact of its existence by pathological anatomy. I have deduced it also from my experiments with inoculation. Is it not true that blennorrhagia in the immense majority of cases is exempt from every consequence of syphilis? To what, then, can we attribute the infection when it comes on after blennorrhagia? I myself attribute it to concealed chancre! and my adversaries—to what do they attribute it? To a pretended identity, which the observation of every day, and great abundance of facts, incessantly contradict. And it is I whom they accuse of being systematic, I who elevate a doctrine upon the basis of observation, of experimentation and of pathological anatomy. What, then, are my adversaries, who, for the sole support of their doctrine, invoke but a rude fact, the interpretation of which does not repose upon any of the elements necessary at the present day for the demands of science!

Believe, then, dear friend, that is my adversaries who launch themselves into the way of hypothesis, whilst I, on the contrary, strive to bring them back into the path of reality. You see now that it is easy to conciliate these two terms of my proposition.

Yes, the chancre concealed in the urethra is rare; but the number of veroles, the consequence of chancre concealed in the urethra, does not appear small. It does not appear small, because we see again only those patients who have been suffering from this concealed chancre; but if a strict proportion could be established between the cases of blennorrhagia not followed by syphilitic accidents, and those which have given place to them, we should see that the last are proportionally very rare, and that this appearance of frequency is entirely illusory.

But in other respects, in all the cases in which the constitutional verole has been referred to blennorrhagia, have all possible precautions been taken in order not to be led into error? I do not believe it, when I see that some are contented with a diagnosis offered by the patient, and with his own history. We could truly say that the physician has in some way declined his jurisdiction. You will see some striking examples of this confidence of the physician in the story of his patient, in the



works of MM. Martins, Cazenave, and in the thesis, in other respects so well written, of M. Legendre.

How many causes of error there are in the stories of patients ! Blennorrhagia is ordinarily a very painful and annoying accident, and one which leaves behind some smarting recollections to those who have had it. When you interrogate patients upon their previous history, it is always of their blennorrhagia that they first speak ; they do not suspect the importance that the chancre can have, which, while it infects, is ordinarily indolent, suppurates but little, has little tendency to extend, and often cicatrizes of its own accord ; it is rare that they make mention of this accident, and if by a pressing inquiry you cause them to bring the circumstance to mind, they will tell you that it was a superficial chancre, a simple excoriation. I am allowed to call to mind, that it is only since my works, that the manner of considering blennorrhagia as regards the accidents of constitutional syphilis, has been a little more strict. In following the course which I have marked out, we are forcibly brought to confess that the great number of urethral blennorrhagias which do not furnish inoculable pus, were not followed by constitutional accidents.

Among other statistics advanced, I shall cite the most recent, those made last year by M. Lafont Gouzy, who, out of 380 cases of urethritis inoculated, found but two cases in which the inoculation gave any results. One of the two presented, four months later, symptoms of constitutional syphilis.

In this work of M. Lafont Gouzy, he has mentioned two cases in which the inoculation gave no result, and which were, however, followed by syphilitic accidents. We shall have occasion later to explain these exceptional cases.

M. Baumès cites five examples of individuals affected by *simple* blennorrhagias, in which the constitutional infection is nevertheless seen to appear at a later period. From these facts our honorable colleague draws an argument in conclusion, that the blennorrhagia non-symptomatic of chancre, can, like the chancre, produce the syphilitic infection.\*

But, first, are all the veroles which have been attributed to blennorrhagia really the consequence of it ? If we did not take care of the manner in which statistics were made, we should find, as M. Cazenave and others have, that blennorrhagia is the most frequent antecedent of the constitutional verole, because it is really rare to find individuals who have not had one or more attacks of blennorrhagia. But, when knowing the value of the chancre as a necessary antecedent, we seek what its frequency is, even among the authors where its valuation leaves so much to desire, we find, in the statistics of M. Cazenave, for example, that out of 72 observations, blennorrhagia existed, alone or with buboes, but 18 times, while chancre occurs 38 times. From which M. Cazenave concludes, very logically, as you see, that blennorrhagia is the most frequent antecedent of syphilis. The same results from the summing up of the observations of M. Legendre, and the same logical conclusion follows.

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\* One of the five patients of M. Baumès had had a chancre previously ; it is, then, to this chancre that the verole of this patient must be referred.

It remains established for science, and in my opinion, that from the statistics of my antagonists even, the chancre visible and avowed by the patient, is still the most frequent antecedent of syphilis. My wards of the Hospital du Midi enclose at this moment 61 cases of well-marked constitutional syphilis; all, without exception, have had chancre as precedent.

Now, in cases where we cannot go back to the pre-existence of a chancre, neither by the recollections of the patient nor by interrogation, what reason is there to deny absolutely the pre-existence of an urethral chancre? You see, then, what we should think of the opinion of M. Cazenave, expressed in these terms, "Far from blennorrhagia never giving place to secondary symptoms, it would appear, on the contrary, to determine them more frequently than the chancre."

You know, dear friend, for it is in your own Journal, that this opinion of M. Cazenave has been warmly approved. M. Vidal (de Cassis) has expressed his sentiments for M. Cazenave in the following manner, which he says is not an academic authority, but which has the advantage of being an authority quite special.

"We know what the position of M. Cazenave is, the vast theatre upon which he makes his observations, his taste for statistics, for all the means, in fact, which, according to my adversaries, conduct to certainty. Well, M. Cazenave *has succeeded in establishing* that the symptom of which the virulence is rarely affirmed before experimentation, is exactly the symptom most virulent, the most infectious, according to observation."

It is true that to prevent M. Cazenave from being too much in a hurry to felicitate himself upon this warm approbation, M. Vidal hastens to add, on the following page:

"However, I do not dare to go as far as M. Cazenave, who, according to my ideas, puts too many syphilitic eruptions to the account of blennorrhagia. Blennorrhagia, in my opinion, is an affection much more contagious than infectious."

That is just my idea, Monsieur Vidal, as you are well aware; only permit me to express my astonishment that it is yours, you who believe that M. Cazenave *has succeeded in establishing* the contrary. I do not wish to insist longer upon this flagrant contradiction, which is, after all, perhaps, but a criticism of conciliation.

As to the cases of blennorrhagia of which the inoculated mucopus has not given any results, and which have been followed by a general infection, the observations which have been reported of them leave much to be desired, and are, I ask pardon of my learned brother of Lyons, to be received with exceptions. The astonishing credulity, the truly blind confidence of some physicians, although rendering their works very respectable, are far from carrying conviction into all minds. In these particular cases I do not wish to spare the symptomatology of constitutional accidents, which is incomplete, relatively to some important points, upon which I shall desire to return; I wish, also, that in these cases, constitutional syphilis should really be the subject of inquiry.

I admit that the appearance of these syphilitic accidents agrees, as re-



gards the period, with the time in which blennorrhagia is developed ; but are we very sure from this fact alone that the patients have had nothing but blennorrhagia—that syphilis could not have penetrated by another way ? My brother physician at Lyons has somewhere said that I denied the possibility of a constitutional syphilitic infection from a simple blennorrhagia, because I had never seen an example of it. It is, on the contrary, because I have seen many patients in whom physicians, who do not think as I do, have recognized but a simple blennorrhagia, where I have found another door for the entrance of syphilis, that my convictions have become more and more profound. When those who maintain that a simple blennorrhagia should give place to the verole, have told you that the patient presented no ulcerations, either upon the genital organs or upon the fingers, they think they have nothing more to exact. They forget the instances without number that the surface of the body presents secret, concealed doors, which close as soon as they are opened, so that the patients are ignorant, or it is for their interest to conceal their knowledge. How many students have come to me from the other hospitals of Paris, in whom nothing but a blennorrhagia has been proved, and in whom I have found chancres in untusual places. While upon this subject, here is a story, analogous to many in my practice.

A lady came to consult me for a disease of the rectum, the symptoms of which, she complained, were those of a fissure. Upon examination I found absolutely nothing about the anus. But the finger introduced into the intestine, discovered, at the height of the superior sphincter, a fissure situated upon the anterior portion and reposing upon a callous surface. I proposed an operation ; the patient refused, and I ordered her enemias of rhatania. This treatment had scarcely lasted fifteen days, when in another visit I perceived an exanthematic eruption, having all the characteristics of a confluent syphilitic roseola. Upon farther examination I recognized the swelling of the posterior cervical ganglions. The patient suffered from nocturnal cephalalgia, and already scabs commenced to develope themselves upon the scalp. To me there could be no farther doubt upon the nature of the accidents. I then examined the genital organs ; but I could only perceive a slight uterine catarrh. Interrogated upon the conditions in which this lady could have been placed as regards the contagion of syphilis, she confessed that her husband was diseased, that he had ulcerations on the penis, and that in the fear of communicating them to her, he had had relations with her *a preposterâ venere*. Thus the nature of the fissure was unveiled to me.

In this case is it not true, that without the painful accidents brought on by the fissure, this ulceration would have passed unperceived ? It would have then happened that we should have had for the sole antecedent of syphilis, a simple uterine catarrh. But there exist still other causes of error which I wish to point out to you. This will be the subject of my next letter.

Yours, &c.,

RICORD.

## CHLOROFORM IN THE EXTRACTION OF TEETH.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—We have evidence that death may result from the use of chloroform as an anæsthetic agent, even when administered with proper care. No one can deny, then, that there are cases, in which the use of this article is exceedingly dangerous. To decide, before hand, with any degree of certainty, that a given case is not one of those in which its employment would be unsafe, experience has shown to be, to say the least, a very difficult matter. Whoever administers it, must run a serious risk. Now to take this responsibility, in order merely to save the momentary pain attending the extraction of a tooth, though we know this is no trifling affair, we must consider as a rash act. No man has a right to risk the destruction of life, by employing anything so dangerous, under such circumstances, however anxious his patient may be to have it administered.

If this view of the subject is correct, it is evident that the use of chloroform, as an anæsthetic, in this operation, ought to be entirely discarded by both physicians and dentists. After the many fatal accidents which have followed its inhalation preparatory to the extraction of teeth, it is amazing that operators will still use it, in such cases, or patients desire to have it given. In this operation, if human life is to be considered of any consequence, the injury which has been done by this preparation very far outbalances all the benefit which has resulted from its use.

Cases of death from chloroform seem, of late, to be multiplying to an alarming extent. It is to be hoped that these sad occurrences will direct the attention of the medical and dental professions, and the public generally, in such manner to the danger resulting from the employment of so powerful an article, as shall lead to a proper restriction of it. That it may not be employed with propriety in certain operations in general surgery, is not for me to say. That question must be left to the decision of the surgeon. But so far as the operations of dental surgery are concerned, I hope the day is not very far distant when its employment as an anæsthetic will be discontinued by every respectable practitioner.

*Bristol, Ct., August, 1852.*

A. M. HOOKER.

## DR. CARTWRIGHT'S LETTER TO MRS. WILLARD.

*New Orleans, July 27th, 1852.*

DEAR MADAM,—The thread of my communication of yesterday\* was broken off to give you time to look over the phenomena witnessed at an experiment performed on a crocodile at my office, on the 18th of June last. I now resume the thread of the narrative, which leads us back to the house of mourning, where, you remember, we left the dead child. The crape on the bell handle has been removed, groans and wailing are no longer heard within. The house is full of joy and glad-

\* See Boston Med. and Surg. Journal, No. 3, Aug. 13, 1852.



ness—seraphic music ; no harmony of the opera can equal the music of the heart. Let us enter, and see what has transpired since we left it a few hours ago. But where is the child which had the cholera ; the cholera followed by tetanus, and the tetanus by death ? When Dr. Dowler was called to it, it had that species of tetanus called opisthotonos—drawn back like a hoop. The muscles of respiration could not perform their function, and the child died for the want of power to inhale and expel atmospheric air.

After the physicians had left the house and pronounced it dead, the father, oppressed with grief, and suffering all the poignant anguish of a parent, we can well imagine, began to ask himself if everything had been done, that could be done, to save his darling son, the apple of his eye. Something *may* have whispered to him in the negative. He had been ruminating very deeply and very lately on the subject of certain papers, published in the Boston Medical and Surgical Journal, giving an account of crocodiles having been brought to life, after having been dead and even cut to pieces, by awakening in the lungs a certain motive power, recently discovered, called hæmatokinetic. It is not too much to suppose that a new thought, suddenly transfixing prejudice, flashed its light to the soul, “ *that the hæmatokinetic power, or something equivalent to it, heretofore unknown, must have some existence in nature, or such effects could not be produced upon dead crocodiles by a vision of the brain or a woman's dream.* ” Such a thought, if it came, came not alone. It brought Hope—Hope, smiling and waving her golden hair, always ready to touch dull humanity with an ethereal spark of noble activity. That such a spark touched the distressed father, arousing him from the lethargy of grief, into quick, prompt, and decided action, is most evident from the circumstances which followed. Because, after the doctors had left, quick as thought he aroused from the stupor of woe into the full exercise of all his mental and bodily faculties, and instantly brought to bear, on the corpse of his son, the measures and means which had been so effectual in resuscitating alligators. Success attended his efforts. His child came to life ! But it did not live long. The pulse failed, the heart ceased to beat, and it died again. Air was a second time thrown into the lungs. The blood-moving power, located therein, was again awakened, again the heart began to flutter and to beat, and the blood to circulate, and again the child came to life. A third time it died, and a third time it was brought to life by the same means, which were persisted in, until the muscles of respiration had regained their power, and the little boy was able to breathe without artificial assistance. He is now alive and well. I saw him yesterday, and had him in my arms.

Little fellow, welcome ! thrice welcome to this world again. Your help was needed ; you came in good time. You should cease to wonder, Madam, that a mysterious power impelled you to announce a great physiological fact to the world, when you thus see a little child selected to defend it—to defend it against a renowned champion and logician, who had no sooner made, what was generally supposed, an unanswerable argument against it, than a little child refuted all he had said, and that child his own ! It had not learned to articulate words ; yet it made,

on or near the 4th of July, 1852, an oration in defence of the truth you had announced, abounding in transcendent eloquence ; consisting in action, action, action ; one action following another in rapid succession, until, casting off the shadows of death, and putting on the radiant robes of life, the little orator, William Francis Ely, less than six months old, astonished, amazed, and filled with gladness the whole house and neighborhood, raising from the very depths of despair to the highest pinnacle of human felicity its most affectionate parents and kindred. But it stopped not at appeals to the feelings and passions—but went into a lucid explanation of the most profound physiological mysteries, which the greatest physiologists, from John Hunter to the present day, after the most protracted labor and research, have been unable satisfactorily to explain—viz, why the left ventricle ceases to act, and very soon the right ventricle also, after the lungs cease to play. The discovery of the hæmatokinetic or blood-moving power derived from the inspired air, the existence of which was so clearly proved by the young Ely in passing so often from death unto life, reveals the mystery.

I have the honor to be, very respectfully, your obedient servant,

SAMUEL A. CARTWRIGHT, M.D.

To Mrs. Emma Willard, Troy, N. Y.

#### CASE OF URINARY CALCULI.

BY J. KELLY, M.D., OF ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

MR. JOSEPH GUNN, of this county, 73 years of age, of a healthy and firm constitution in early life, at 50 began to complain of, and during the rest of life was more or less troubled with, gravel. He had one severe attack eleven years before his death, but afterwards, for five or six years, was quite free from any alarming symptoms of the disease.

Six years previous to his death, which took place in the summer of 1845, he had a very severe attack, a good deal of fever and inflammation of the bladder, and after this there was almost perfect inability of passing his urine without a catheter, which he was obliged to use very often night and day, for the remainder of his life.

Having been of industrious habits, he would busy himself in doing a little work in the garden and in the field, and would engage in reading and in conversing on the news of the day.

June 22, 1845, he sent for me to give him some relief, if possible, from his pain and agony ; but at the same time, having a view to the benefit of others, he requested me to make a *post-mortem* examination of his body after his departure from this world, which to him, indeed, was now a world of woe.

I accordingly, as his death took place not long after, proceeded, eleven hours afterwards, in company with Dr. Silas O. Gleason, and Mr., now Dr. Andrew G. Riley, to attend to said examination.

There appeared, on external examination by the application of the hand to the region of the bladder, little doubt of a large accumulation of



calculi. We could feel them distinctly, though I was not able to ascertain their exact number. The bladder we found much elongated and enlarged, reaching nearly to the umbilicus. The viscus was very much thickened, three or four times its natural thickness, and was adherent to the surrounding parts, excepting the upper part, and the adhesions were very strong. Owing to these adhesions it was extremely difficult to remove it from its location. We removed the urine by the catheter, which was thick and of a white appearance, and very offensive, which had been the case about a week. The ureters were many times larger than natural. The left kidney was examined; it had nothing natural in its appearance. It was only a bag of filthy and most offensive liquid substance. The bladder internally showed an extremely enlarged state of its bloodvessels; its lower part exhibited a scirrhus or cancerous appearance. It also contained, as they were counted by Dr. Gleason, 216 calculi, which together with 12 that passed him before his death, made 228. They were of different sizes and shapes. The small ones, about half the number, are of a light mahogany color. The largest are of the appearance of a small cracker, of a smooth texture, and of marble aspect. The largest one is over an inch in diameter, half an inch thick in the centre, and weighs 111 grains. The internal part is not dense, but somewhat cellular. The whole weighed about three ounces. They however nearly filled the bladder. I have now preserved them in a dry state about seven years, except a few I gave to others. They are still sound, not crumbled nor defaced.

In this case, the bladder being so much thickened, and the calculi taking up considerable space, shows us the probable reason for his being under the necessity of drawing his water very often. The adhesion being so great to all the surrounding parts, had an influence to prevent contractions of the bladder. This, it might be possible, would operate equally and as completely on the contractile power as paralysis of that viscus.

This man resided for about twenty-five years, and during this period of his ailments, in a lime-stone region, where the water is excessively impregnated with lime. What effect this might have had on his peculiar constitution is a matter of serious inquiry. Most probably the disposition to that peculiar diathesis might be hereditary.

*August 2, 1852.*

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#### THE USE OF ANÆSTHETIC AGENTS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have for some time contemplated writing upon this subject. Two facts have occurred recently which have called my attention particularly to it. One is the number of deaths that have been reported from this cause; the other, the reading of a very able article by Prof. H. J. Bigelow, embracing the whole subject, and recently published in Dr. Piper's new work upon surgery. I have read many papers upon the subject, but have seen no views advanced which so well accord with my own experience. I have witnessed, in my own practice, the administration of

anæsthetic agents in from one to two thousand cases, and in these no alarming symptoms have occurred. I ought, perhaps, to except two cases, sisters, one of whom took ether, the other chloroform. Both were affected precisely alike, and the symptoms were so extraordinary that I thought it proper to discontinue the use both of the ether and the chloroform. I prefer chloroform, and use it in all cases for dental operations, which of course require less of any of the agents in use than most other surgical operations.

I shall not extend my remarks at present, but close by recommending to every person who may have occasion to use any of these agents, the chapter upon this subject by Dr. Bigelow, referred to above. It is clear, concise and to the point, and covers the whole ground.

*Boston, Aug. 19, 1852.*

J. CLOUGH, M.D.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 1, 1852.

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*Duties of Medical Men to themselves and their Profession.*—Dr. Peaslee, President of the New Hampshire Medical Society, at the anniversary meeting, addressed the members in a manner to meet their cordial approval; while others who may have an opportunity of reading the discourse, will feel themselves equally gratified and instructed. It is logical in its construction, and the purity of language and the elevated sentiments which pervade every page must raise the author to a commanding place in the estimation of the first class of medical minds. From it we copy the following extraordinary examples of perseverance and studious habits in medical men.

“Velpeau is incessantly pressed by practice, and yet he takes time to read everything, and in 1844 had already written and published more than 25000 pages. Roux is also constantly laboring in his profession. Eight years since, he had operated for cataract between 5,000 and 6,000 times; had performed staphyloraphy 105 times; suture of the perineum, 15 times; excision of elbow joint, 14 times, and other less rare operations in proportion. But he also finds time to read and study; and, besides other non-professional accomplishments, is thoroughly acquainted with, and can both speak and write, the English, Italian and Spanish languages. All this, though he is constantly suffering from chronic gastritis and rheumatism. Drs. Chambers and Copland of London, are constantly overwhelmed with practice; and yet the former has found time to fill with notes of his private cases, *sixty-seven quarto volumes*, of 400 pages each, besides numerous other quartos in the form of indices; and the latter has given in his Dictionary an evidence of universal reading and study, and herculean labor, which alone it might well have occupied a whole life to produce.

“John Hunter is often spoken of as one of the greatest *geniuses* ever devoted to the advancement of medical science. But it was his incessant *labor* which secured the brilliant results he achieved, and not his natural endowments. For thirty years in succession he never rose after sunrise in summer or winter; and seldom lost a moment while awake. Almost all of the most important discoveries in our science have been made by men of the



most persevering industry. Harvey devoted nearly twenty years to his work upon the Generation of Animals; and his immortal treatise on the Circulation of the Blood cost him twenty-six years to bring to maturity. Says Dr. Marshall Hall, the author of the most important discovery in Physiology of the present century, 'I have spent 25,000 hours in my investigations on the Diastaltic (or Reflex) Nervous System.' Dr. Robert Lee, for seven years in succession, rose at day-break the whole year round, and employed the time till eight o'clock in dissecting the nerves and ganglia of the uterus, alone; and his labors upon the ganglia and nerves of the heart, in which he made the most important anatomical discovery of the present century, were almost equally arduous."

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*Ladies' Medical Missionary Society.*—Mrs. S. J. Hale, of Philadelphia, an authoress whose efforts have been steadily devoted to the moral elevation of the sex, and who waxes stronger in labor and language with the increase of her years and experience, has called our attention to something said to be new, although in fact old. It is new, in that the masses are just beginning to hear of it; and old, for the reason that the idea was developed many years ago. It is to educate females for the two-fold object of carrying Christianity and the knowledge of medical science to heathen countries. Mrs. Hale, and those associated with her in this broad scheme of philanthropy, are persuaded that women, and not men, are destined to carry on a great moral and intellectual revolution among those of their own sex who are degraded, and without civil rights or religious privileges. Men cannot reach the female ear in the highest circles of the East—Mohammedan ladies are confined to harems, where none but females can possibly hold intercourse with them. In such countries a female physician would have superior advantages for making herself useful. Without reference to female medical schools, or catering for the advancement of any particular institution, the friends of this measure simply say to the public, qualify young women for this great enterprise. The excess of females in Europe is a remarkable feature of the age, and it is not improbable that they will also soon be in the ascendant in the United States. What are they to do? Such employments as were once supposed legitimately to belong to their express department of industry, have been strangely invaded by machinery, which has driven them to shops, to printing offices, &c.; but their destiny is still a high one—and according to the logic of our friend Mrs. Hale, a mightier revolution awaits the mission of educated female physicians in the Orient, than was ever achieved on that old theatre of rapacity, warfare and female degradation. Our individual views may not be in exact harmony with those of the projectors of this scheme of benevolence. We are familiar with the organization of society in the East, and foresee the difficulties to be overcome before a woman can have any position beyond what is voluntarily conceded to the influence of personal charms. Intellectuality in a woman, at present, is not in demand, or appreciated, either in Mohammedan or Pagan nations.

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*New York Medical College.*—Chemistry is represented to have a prominent place in this institution. Among the peculiarities of the course is this, that students are taught the true methods of detecting adulterations in drugs, the use of the microscope, and are thoroughly drilled in toxicological examinations. In addition to other facilities, the students of this college

have access to the New York Hospital ; the Bellevue, Emigrants, Penitentiary, Ophthalmic and other hospitals, besides the dispensaries. Private dissecting rooms are arranged in connection with the main room, in which close anatomical researches may be conducted without interruption. A prize of \$50 is offered for encouragement in clinical study.

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*Extract of Clover.*—At one time the Shakers of New Hampshire manufactured an extract of clover, that had a good reputation on account of its delicate emollient properties, and possibly they continue the business ; but Mr. A. W. Harrison, South Seventh st., Philadelphia, has advanced beyond our Canterbury friends. He prepares an article for the toilet from clover, that far surpasses many of the celebrated odors. Its extreme richness, both in color and odoriferous properties, is surprising ; and the more so to us, from not having suspected that the red clover of the fields could yield a product thus extraordinary. Of course, no medicinal value is attached to it ; still, in the elegancies of life, where artificial wants naturally become prominent considerations, this delightful perfume is of value, and we think will have few competitors.

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*Selling a Recipe for the Cholera.*—A Frenchman, representing himself to be a physician, honored us with a call a few mornings since. His spare figure, large moustache, striped pantaloons, and enormously developed shirt collar, were calculated to attract attention, had he remained silent. But when he introduced the subject of his call, the effect was highly ludicrous. “ Dis is von docteur from de tropic, wiz un grand recipe for de cholera.” He was kindly informed that the disease did not exist in Boston, and therefore his remedy would excite no particular interest. “ Nevare mind, Monsieur, dis will cure de cholera morbus, vat you call him ; all de pain will go off as von charm. If von docteur gif medicine to dat pashant, et dis grand remedy I vill give to anotra, von vill die—but von vid le bon medicine, he rise up quite vell.” Having discovered that the object contemplated by the distinguished gentleman from the tropics, was to sell a nostrum for arresting the scourge of Asiatic cholera, it was intimated that he had better address Congress, since a positive cure was of national importance. The suggestion seemed to strike him favorably, and he exclaimed, in a strain of exultation at his probable success in that direction, “ Vell, de Congress shall bye dis sharming recipe for tout de peuples, such grand remedy ; de ministare, he will introduce mon preparation for all de peuples.” Monsieur from the tropics then took leave, with evident satisfaction at the prospect that awaits him at the seat of government.

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*Bigelow's Bedstead.*—At Shelburne Falls, Mass., an ingenious mechanic, Mr. Sumner Bigelow, has invented an elevating apparatus, readily attached to almost any kind of bedstead, which for mechanical simplicity excites much admiration. Preceded, as it has been, by several contrivances for the same purpose, which were supposed as perfect and unobjectionable as possible, this bedstead presents a principle that is admitted, at sight, to be the true one. The manufacturer should keep in recollection the melancholy fact that a majority of the sick are poor. Whatever, therefore, is designed to ameliorate the condition of such, should be within their reach, in regard to cost.



*Aged Medical Philosophers.*—From Dr. Peaslee's Anniversary Address, which abounds with excellences, the following curious facts have been extracted.

"Cullen was a splendid lecturer at eighty-three; Monroe was the same, at about the same age. Dr. Caldwell, of Louisville, is an equally remarkable example. Boerhaave at over seventy, and Blumenbach at eighty-three to eighty-five, attracted crowds of students from all parts of Europe, by their lectures. Hufeland, at eighty and upwards, was the pride of his profession in Berlin. We also find Mr. Guthrie, of London, engaging, at the age of sixty-six, in microscopic anatomy and its applications to the practice of surgery, with all the enthusiasm of youth; and Bransby Cooper, availing himself practically, at the age of fifty-nine, of the aids afforded by the recent discoveries in organic chemistry and by the microscope, in the various departments of surgical diagnosis. I need not mention the names of both practitioners and professors, in our own country, who, flourishing in a green old age, still adorn and also *help* their profession, by keeping themselves acquainted with all its improvements; and, from time to time, contributing to its improvement, as their long cherished habits of study and thought enable them still to do."

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*New York Ophthalmic Hospital.*—Although the official existence of this hospital has just commenced, having been chartered so lately as April, 1852, the public manifest a ready and gratifying confidence in the institution. Why does not the Legislature at once give it assistance? Massachusetts pays five thousand dollars a year for the Eye and Ear Infirmary, in Boston. The hospital in New York was first opened May 25th, 1852, and in just three months had received twenty-three patients, and many important and successful operations were performed. Drs. Stephenson and Rogers have already given a character to the new Hospital. The field is large, and the expectations of the public without bounds in regard to its destiny. Medical gentlemen visiting New York, as well as those seeking the benefits of the institution, will find the establishment at 167 East Fourteenth st. Reports of cases under treatment will be cheerfully inserted in this Journal whenever received.

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*Dr. Cartwright's Defence of Mrs. Willard's Theory.*—Another letter to Mrs. Willard, by Dr. Cartwright, of New Orleans, will be found in to-day's Journal. It brings forward, as will be perceived, a most interesting and successful case of artificial respiration after death had apparently taken place from disease. It is not a little remarkable, in whatever light the case may be viewed, that it should have occurred in the family of one who had so recently published the able article, alluded to in our pages last week, in opposition to the theory which the case is now put forth to prove. We have been permitted to read a letter from Dr. Ely to Dr. Cartwright, written soon after the occurrence of the case referred to; and that our readers may see that Dr. Cartwright is not alone in regarding the resuscitation of the child as something more than ordinary, we copy the following remarks from the letter. After stating that he was preparing an article for the next number of the New Orleans Medical Journal, he says the article relates to "the very remarkable case of my infant boy, whose life I recently saved by artificial respiration. I deem it my duty to put the case on record, both

for the benefit of science and the noble profession to which we belong. I shall send in the article as soon as possible. If the facts of the case tend to confirm the theory of Mrs. Willard, or to invalidate any thing that I have previously written, I shall be most happy to see, thus, the truth developed, for I am wedded to no theory. I will turn my back upon no facts whatever, but receive them all, and do my best to generalize them."

*Laced Stockings for Varicose Veins.*—Messrs. James Miller & Co., Bromfield street, in this city, have lately imported the celebrated laced stockings, so highly recommended in cases of varicose veins. They are beautiful in appearance, and we have no doubt will do good service in the proper cases for their use. The whole establishment of Messrs. Miller & Co., where they are for sale, is well worthy the notice of medical men from a distance who may visit Boston.

*Medical Miscellany.*—At the last session of the Legislature of Georgia, five thousand dollars were appropriated for the Thomsonian, or Botanic Medical School, at Macon.—Smallpox has appeared in the neighborhood of Tarrytown, Pennsylvania, exciting alarm as usual.—An alarming malady is prevalent on the Island of Hayti, which is called a plague. A vast number of persons have died, and among them many native physicians.—Reports from various sections of Europe, by the last steamers, give alarming accounts of the destructive progress of cholera.—Louis Napoleon has offered a reward of two thousand pounds (fifty thousand francs) to any person who shall render the voltaic pile applicable to manufactures, with economy, as a source of light and heat, in chemistry or mechanics. Five years are allowed for experimenting, and persons of all nations may be competitors.—A man lately died at Monmouth, England, at the age of one hundred and four years.—Hooping cough is somewhat prevalent at the north, and bowel complaints unusually so.—An analysis of the cucumber, by Professor Salisbury, of Albany, shows that ninety-seven one hundredths of the fruit are water. This is more than the watermelon, which contains ninety-four parts. The muskmelon contains ninety.—Some praiseworthy efforts have been put in operation in Boston, by the City Physician, to prevent or remove unhealthy nuisances in the crowded portions of the city.

**TO CORRESPONDENTS.**—The following papers have been received:—Muscular Abscesses; Letter from the South; the Sugar-house Cure for Bronchial, Dyspeptic and Consumptive Complaints; Deaths from the Use of Chloroform; Southern Residence for Pulmonary Invalids; Cases of Puerperal Convulsions.

**MARRIED.**—W. N. Dunham, of Fitchburg, Mass., to Miss J. W. Burritt.

**DIED.**—At Newburyport, Mass., suddenly, John Atkinson, M.D., 58.

*Deaths in Boston*—for the week ending Saturday noon, August 28, 114.—Males, 63—females, 51. Accidental, 2—disease of bowels, 3—inflammation of bowels, 3—disease of brain, 1—inflammation of brain, 1—consumption, 12—convulsions, 3—cholera infantum, 12—cancer, 1—croup, 5—dysentery, 11—diarrhoea, 5—dropsy, 3—dropsy of brain, 3—typhus fever, 3—typhoid fever, 1—scarlet fever, 15—infantile, 8—inflammation of lungs, 3—marasmus, 3—old age, 1—rheumatism, 1—scrofula, 1—teething, 6—thrush, 2.

Under 5 years, 76—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 11—over 60 years, 4. Americans, 40; foreigners and children of foreigners, 74. The above includes 12 deaths at the City institutions.



*Surgery in the East.*—From the Annual Report of the Medical College of Bengal, for the session 1851–52, it appears that, during that period, Professor O'Shaughnessy has performed 163 operations, exclusively of 120 minor operations, making a total of 283, with only 9 fatal cases. Mr. R. O'Shaughnessy is now a member of the Council of the College, and also Professor of Surgery. This gentleman has just received a donation of £2000 from the government of India, in acknowledgment of his services in the construction of the electric telegraph, having previously received similar acknowledgments, but of smaller amounts, from the Calcutta Chamber of Commerce and the Trade Association. From a return of minor surgical operations, performed at the out-door Dispensary of the Medical College, during the past year, it appears that 2,188 have been treated successfully, including 495 cases of tapping for hydrocele, which have been returned as *cured*. We find, from a statement of the number of bodies taken to the College for dissection and operation, during the session, that they amounted to 722, of which number 501 had been dissected, 92 had been used for operations, 33 for lectures, and 23 for examinations; the remaining 63 could not be used, owing to decomposition.—*The London Lancet*.

*The Late Martyr to Science.*—We lately reported the death of Dr. Ellenberger, a French Physician at Prague, in consequence of an experiment he made on himself with poison, against the effect of which he contended he had discovered an infallible antidote. M. Meniere related, in the *Gazette Medicale*, some of the experiments of which he was a witness while travelling in Germany with M. Orfila. During their visit to the Museum of Natural History at Prague, they were introduced to Dr. Ellenberger, who was happy at having an opportunity of showing them his experiments with the antidotes against vegetable poisons, and particularly strychnine and morphine. After relating the various trials he had made on himself, he proposed to perform an immediate experiment. He sent to an apothecary for fifteen decigrammes (thirty grains) of acetate of morphine, which, after it had been examined by M. Orfila and declared to be pure, he put on his tongue and swallowed, to the great alarm of all present. One minute after, he swallowed about the same quantity of a white powder, and the poison produced no effect on him. He related that he had made the same experiments on animals and on plants, and invariably with the same result. He appears to have done the same with strychnine, and always with impunity, until the last time, when he unfortunately lost his life.—*Ibid*.

*Monument to the late Dr. John D. Fisher.*—All the friends of the late Dr. John Dix Fisher, of this city, may not have yet learned that a beautiful and chaste monument of white marble, has been erected to his memory, through the generosity of "those who loved him," at Mount Auburn. The monument has a fine elevated location on Pine avenue, near the entrance gate, and may be distinctly seen by the traveller in the public highway. There are appropriate inscriptions and mottoes upon either face of the monument, and every thing seems to be what the best friend of that good physician and friend of the poor would desire.

[The above, from the Boston Transcript, will be read with interest by the profession, especially the Boston members of it, by whom Dr. Fisher was so universally respected and beloved.]

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 6.

### DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 75.]

IN simple ANTEVERSION and RETROVERSION of the uterus, without descent, there need not necessarily be any marked alteration in the substance of the organ—nor, indeed, in the condition of the vagina, further than, as may be supposed, a distortion of its superior extremity caused by the change in the proper relations of the axis of the uterus with its own. When, however, the former descends and is compressed in the antero-posterior diameter of the pelvis, it is found to be in the same condition as in simple prolapsus to a corresponding degree; and this, in many instances, is a little exaggerated from a greater embarrassment of the circulation, particularly in the return of the venous blood from the organ. The vagina, too, in the last case, exhibits the same condition as has been described above in prolapsus of the same stage and continuance.

Of the organs in the neighborhood, the one that suffers most is the bladder; and this more in retroversion than in anteversion. For, though in the latter it is rendered very irritable by the fundus falling against it, in the former the neck is compressed, and retention of urine caused to such a degree as inevitably, in time, to produce organic changes in the organ.

#### *Obliquities of the Uterus.*

In obliquities of the uterus, the direction of the deviation is generally to the right, the fundus being forced over by the rectum and its contents. The condition of the parts will, likewise, as may be supposed, be varied with the state of the organ in other particulars, assuming on occasion any of the phases just described. As in anteversion and in retroversion, the bladder is also embarrassed more or less in the performance of its functions by an oblique position of the uterus. An interesting case illustrating this is given by Dr. Montault (in the *Journal Universel et Hebdomaire*, 1832). The obliquely placed uterus was five inches in length, and caused retention of urine for so long a period and to such a degree that the ureters were distended, and even disease induced in the calices of the kidneys.

#### *Hernia of the Uterus.*

Though very rare, this has presented itself in some very marked cases.



The pathology of the disease does not differ in important essentials from that of hernia of any of the organs of the abdominal or pelvic cavity. The body of the viscus is forced into an opening in the surrounding walls, and may remain there or may pass entirely through. The points at which it has found exit have been—at a congenital deficiency in the linea alba ; between the separated fibres of the abdominal muscles, as in ordinary ventral hernia ; or, through the inguinal ring, in contact with the round ligament ; or, down the crural canal, as described by Lallemand and Chopart. Cruvelhier figures, in the 34th livraison of his *Pathological Anatomy*, a specimen, in which the uterus, Fallopian tube and ovary of one side are entirely within the hernial sac, those of the other side occupying the ring.

For convenience, to do away with the necessity of mentioning this uncommon affection again, we will dispose of it entirely here under this statement of its occasional existence.

The causes of uterine hernia, both predisposing and proximate, do not differ from those producing hernias of other organs in that neighborhood ; laxity of the fibres of the abdominal muscles, abnormal or preternaturally large openings in the walls of the abdomen, furnishing the former ; some undue exertion or accidental violence, the latter.

The recognition of the disease, for want of any distinguishing characteristic symptom, must depend entirely upon the tact of the physician, and the chance is not great that he will have any opportunity of exerting this as long as the organ is in a state of vacuity. For, the immediate effects of hernia upon the uterus, from the scant history we have of the cases yet known, seem by no means striking. In a state of pregnancy, however, we may imagine the case to be different, and grievous accidents to occur of vital influence upon the patient. Fabricius Hildanus (*De novâ, rarâ et admirandâ Herniâ Uterinâ—in Opera Omnia*, Frank., 1682., page 893), and Sennertus (*De Herniâ Uterina*, in *Op. Om.*, Paris, 1641), each relate such a case, where the gravid uterus went through its gradual development wholly without the abdominal walls until maturity, when delivery was effected artificially through the substance of the organ. Another case is given, however, by Saxtorph (*Bibliothèque Med.*, t. LXVII., p. 59), in which the uterus contained in a hernial tumor in the inguinal region, forced itself to the outside of the abdomen as the development of the fœtus progressed, yet delivery was accomplished in the natural way. It is interesting to note in these cases that in the last the mother lived, whilst in the two former death supervened ; in the first, three days after delivery—in the second, within twenty hours.

With these remarks, we entirely dismiss the consideration of a disease, so infrequent, that, up to the present time, we have too few cases on record to permit us to lay down any rules for its treatment, which could be called more than theoretical, and which would not readily suggest themselves from the meagre facts we have given or from general principles of surgery. The most satisfactory notices of the disease that we have yet found, are by Nauche (*Des Maladies propres aux Femmes*, Paris, 1829, 1re. part, p. 123), though brief ; and by Murat

{article "Hernie," in the Dict. de Med., in 21 volumes) to whom Nauche refers.

#### CAUSES OF UTERINE DISPLACEMENTS.

The causes of *elevation of the uterus* we have already given in our remarks upon that affection.

*Obliquities of the uterus* can, we feel, only be accounted for, at least to a certain extent, theoretically. Probably a congenital want of perfect accuracy, so to speak, in the placing of the organ, or want of symmetry in it or in its appendages, may furnish some causes, and obliquity in the shape of the pelvis others. For right obliquity of the womb, a lax state of the parts, possibly common in the case to the whole system, assisted by a rectum habitually distended by constipation, would offer a very satisfactory cause. But while these causes are theoretical, they are yet the best and only ones we can give, and still, we claim for them that they be not entirely disregarded; for though not confirmed, as well as we could wish, by actual examination, they have surely reason to support them—and thus we leave them.

For *anteversion and retroversion of the uterus* we have even less ability to offer a cause than for lateral obliquities—at least such an one as would stand the test of reason and perfectly satisfy the mind. A lax fibre, want of tone in the general system, afford some explanation, or, at least, ground, for one of these affections; but this is, of course, only a proximate one. The immediate one—why in one case the uterus should be turned over to the front, and why in another it should be turned over backwards—is yet to be supplied. Possibly, our coming remarks may furnish that explanation indirectly, which we do not care to give in the form of mere speculation or theory, directly.

In common with the last two instances, an attempt to investigate the cause of prolapsus uteri is beset with many difficulties. The chief of these is the advanced stage to which the disease almost invariably arrives before it comes under the notice of the physician. Its inception is possibly unsuspected by the patient, as we have said above; possibly there are no symptoms advising her of a departure from the healthy type, or these are so slight that, even if noticed, they are not attributed to so grave an affection. Both local changes and constitutional troubles have therefore already been greatly developed before the time at which the physician has an opportunity of commencing his investigations. The consequence of this is, that the disease, being one in most instances of very gradual progress—at least during its earlier stages—the difficulty of tracing back its history is very great, and, still greater, that of unravelling the confusion of symptoms so as to distinctly separate antecedent from consequent, and to distinguish clearly simple *post hoc*s from genuine *propter hoc*s. In some few instances, it is true, women affected with prolapsus, or other displacement of the womb, recollect that the symptoms came on immediately after a severe fall, or a jump from a height, or some such violent succussion, and we satisfy ourselves with attributing the disease to the violence—a method of disposing of the rationale of a case too often resorted to by physicians, yet, evidently, highly unphilosophical. The reason why a jump or some such violence, with which



hundreds of women meet, without harm to themselves, should in one particular case cause uterine displacement, is too readily shut out from consideration, yet is it not the greater, the most important one?

The method we propose for considering the subject, urges itself more strongly upon the writer, from the fact that he discovers great discrepancy between his own personal observations and those of previous authors with regard to certain particulars in the natural history of the disease. By a reference to former writers, particularly those of forty years back, we find that uterine displacements are spoken of as diseases peculiar to persons in advanced life, or to those broken down in health, or who have frequently endured the labors of a mother. In the present day, our experience (and we cannot believe that it differs greatly from that of others) shows us that these affections are not so peculiar to those coming under either of the above categories, a fact we have already strongly insisted upon in a paper (Boston Med. and Surg. Jour., Aug. 1851) to which we shall have occasion to refer again presently. We find now that, earliest womanhood—that, freedom from the harsher and more evidently-exhausting trials of woman's strength—that, absence of all the more obvious and familiarly reputed causes of these diseases, do not protect from them very many whom by the old rule we should have expected to be the last liable to such affections. It seems, therefore, highly important in our investigations into the causes of a disease which is now so common, and which afflicts so different a class from what it was wont a half a century ago, that we should not rest satisfied with any plausible reason given *in limine*, but that we should go behind this as far as possible, and try to ascertain whether the accident, the violence, the fall, the jump, or whatever it might have been, that is so often assigned as the cause, was not in truth merely the crowning incident to a long series of predisposing causes. It is very evident that, to do this thoroughly and satisfactorily, the care, the tact, the eclectic ability of the physician will have to be greatly exerted, but the exertion we hold to be necessary, and the result will, we feel confident, justify it.

In illustration of our views, let us take an actual case from the many before us. A lady, aged 21, soon after her marriage is placed under our care by her husband, who thinks she is not so well as she ought to be, though she says she is not suffering more than she has done for some time past. The symptoms point to uterine displacement, which the touch, *the only means which can with certainty be relied upon*, and without which the physician should never be satisfied with his diagnosis, makes her case clear as one of prolapsus. The uterus is enlarged and tender, though not hard. The amount of displacement has not yet arrived at the full extent of what we have described as the second degree—the organ does not yet lie upon the floor of the perineum. There is, and has been for a year, more or less leucorrhœa, and, for a longer period than that, there has been dysmenorrhœa, as well as pain in the back; a sensation of bearing down and of weight around the hips. The consequences of marriage have slightly aggravated these last symptoms. She has now but little color, and, though tolerably full in figure, has the appearance of having lost flesh. So much for the present condition of the patient.

Upon inquiring into the history of the case, with a view of finding out as accurately as possible the cause of the derangement and of determining the point (not important only as regards the natural history of the disease, but also as regards the treatment of the particular case) as to whether the uterus is the offended or the offending organ—in making this inquiry, the first difficulty we meet with is as to dates. The various symptoms have existed for some time—some of them “ever so long,” “certainly more than a year, yes, even two years and more.” Commencing, then, with the biography of the patient as a girl, we find that when she left school, say at 17 or 18, she was much stouter than she is now, had much more color, and could endure more exercise without fatigue. She entered upon a gay life, and at the end of the first year was as well as ever, except that she remembers she used to feel, habitually, somewhat tired at the end of the winter, spent in the amusements usual in that season. In this way we, in time, draw out the facts, that the symptoms now exhibited in the case, for the most part, gradually became more prominent and constant, until their present urgency was attained—though, be it noted, a certain fall from a swing at a watering place, by which she was laid up for nearly a week, and a certain severe pain in the back with which she was seized immediately after dancing a whole evening, might, had we not examined more deeply, have been considered a fully sufficient cause for an affection which it is very evident now was the effect not of any sudden accident, but of three years spent in violence to all rules of hygiene—and which have also produced a condition of the general system which must be greatly altered for the better before we can make any impression, that will be permanent, upon the uterine affection.

This is a case from one phase of social life; those from the other extreme, where workwomen and house servants are the subjects, do not differ except in the details. Severe or prolonged bodily exertion, irregular hours for sleep and food, unwholesome occupations or close workshops, wearing out the vital energies and reducing the tone of the general system, are to us more satisfactory causes for uterine displacement than the fall that one got in going down stairs, or the wrench another gave herself in attempting to lift a heavy tub. And yet, having urged this view of the subject so far, we wish distinctly to be understood that we do not deny that accidental violence may be inflicted upon the organ—by a fall, for instance—which might dislodge it from its normal position and induce any of the displacements we have described. What we do believe, and what we are anxious to present here, is, that these affections occurring in young persons (in so many of whom they do occur now-a-days) are more often the effects of radical errors in their mode of life—nay, even farther back than that, of errors in their training during childhood, by which a weak and lax fibre is entailed upon them, and the whole system debarred from attaining that tone and elasticity, which would of itself be the greatest guard against many of the physical evils to which woman is now so often condemned.

To expatiate more fully upon this point in a treatise solely upon uterine displacements, would scarcely be expected of us, and might possibly be thought out of place. Of the truth, however, of the above proposition,



we are more and more convinced the more we investigate the subject—and its importance more impresses us upon every additional opportunity of observation. If, then, a great predisposing cause for these affections is a want of tone—an exhausted condition of the general system—our remarks cannot be thought wholly impertinent, nor ourselves be accused of unnecessarily parading a hobby into the field, though the slight consideration that hygiene in females, as applied to the prevention of these particular diseases, has hitherto received, makes us feel that this apology is needed. The fact that an English woman lives half a century before she begins to wane, while our females reach their prime mostly at little over half that age, and that another lustrum finds them on the decline, ought strongly to arrest our attention and induce us to examine whether we are right in attributing all this difference to climate, and whether we might not find in some error of habits of early life, at least a partial explanation of the disparity.

To be brief, then, after this preface—to state broadly our convictions—we think that it is a radical error to make a difference between the physical training of a man-child and of a woman-child before nature has made a difference in their physical being. So long as there are the same muscles to develope, the same organs of digestion and assimilation to be stimulated, the same apparatus of respiration to be strengthened—so long should the means of doing this be the same in each sex. A system of physical training so planned should, we also hold, only be varied as new functions come into play, which, in the further development of the being, may require special care, and then we allow that this training may be modified—but then only so far and at such times as the demand of the last may be paramount—no longer and no further. We cannot but believe that were the physical female under 12 years of age looked upon in the light in which we have placed her, and that were the course we have sketched out pursued in bringing her forward to the uses of womanhood, those uses would be more properly performed and with far less wear and tear to the general system, than that which it is now the daily pain of almost every physician to witness, and which indeed often makes her a wreck long before she has served her ultimate physical use—her crowning office, as a mother.

We would go farther, and say that the same error is made in her moral training also—and with the close connection in view between the moral and physical being, this cannot be unimportant. Her moral training should be such, that while it made her not less a woman, it should enable her to rise above the hundreds of arbitrary conventionalities that now in every way fetter her—that mould every thought and control every judgment—that under the names of “propriety,” “refinement,” “custom,” “fashion,” exert an absolute tyranny over her from the cradle to the coffin. This tyranny is broken through only in a few individual cases, and then by a rebellion which for want of the very moral training that originally permitted the oppression, is often so outre in its aspect as to expose her to the charge of unsexing\* herself,

\* We often hear horror expressed at a woman's “unsexing herself,” which used very arbitrarily generally means doing something independently and differently from the generality of her

and to render her, if not repulsive, at least the object of ridicule and sarcasm. In short, we wish that woman should be taught to know her proprium and to make herself fit to fill it—not as the antagonist in the slightest sense, but as the complement of man, the other half of a beautiful unity. While the physical training we urge would never enable her to sing bass, the moral training would never fit her for the rostrum, the pulpit or the hustings; but, on the contrary, it would enable her to see clearly her unfitness for these, and still further it would enable her to see as clearly a hundred duties around her, which are peculiarly hers as a woman, and the full and faithful performance of which would save her from that carking care, that discontent, most often unrecognized by herself, that listless aimlessness, that now saps the moral, and necessarily the physical vitality of hundreds of her sex—that wears them down in mind and body—that brings them sick headaches, crooked spines, flat chests, hysterics, premature age, and, as a climax to this list—for our purpose—uterine displacements.

[To be continued.]

### MUSCULAR ABSCESSSES.

[Communicated for the Boston Medical and Surgical Journal.]

IN common with many physicians of our own country and of Europe, I have noticed a tendency, almost epidemic, to *abscesses*, boils, carbuncles, &c., and I have thought that the report of a few of my most important cases might not be wholly without interest to your readers.

In February, 1851, I was in attendance upon Capt. H. during an epidemic of erysipelas. Although there was at first no local manifestation of that disease, yet his general symptoms were more characteristic of that malady than any other; the treatment was of course constitutional alone, but in about eight days he began to complain of great soreness of the breast in front, and beneath the axilla, which in spite of various applications increased, until a large abscess in the *pectoralis major* muscle was discernible, distending the sheath of that muscle, and affecting it, from its origin to its insertion—having no disposition to point externally, but to burrow into and beneath the substance of the muscle. This was opened, and discharged a pint of grumous, unhealthy pus, which continued to flow freely for several days, until his general health improved under the use of tonics and generous diet, when the pus became of a laudable nature. The abscess was six or eight weeks in becoming entirely healed.

During this gentleman's illness, his lady was attacked with erysipelas, which showed itself upon the fauces and affected the larynx. Constitutional fever and excitement ran high, and as these declined and the local affection of the throat subsided, the *sterno-cleido-mastoideus* muscle became tender, the soreness with swelling increased, until an ab-

sex, by which she is thought to assimilate herself to man. There is, however, no such horror a women *dis-sexing* themselves—rendering themselves, by a life spent in utter defiance of the law of physical and moral hygiene, of *no sex at all*—becoming mothers, if at all, only at the expenditure of half their feeble vitality, and wholly unable to nourish their offspring.



scuss, circumscribed by the sheath of that muscle, was manifest. This ought to have been opened at once, but on account of her dread of the operation, it was delayed for a day or two, when the matter began to gravitate to the insertions of the muscle. I then opened it, and discharged about a third of a pint of healthy matter. Her general health as well as the local affection improved at once, but for a long time a sense of soreness and stiffness of the muscle remained.

I may mention, in this connection, that a young gentleman, a member of the family, was also ill at the same time with erysipelas of a well-marked form, affecting his throat, face and head, these being much swollen and inflamed. He had, however, no abscess, and no tenderness of any muscle.

July 30th, 1851, was called to see Fleaner, æt. 36. Found him much emaciated, fully persuaded that he was about to die. He had been in the hands of the Philistines for two months for "rheumatism of the cords of the leg," and had been *sweated* and *steamed* until there was very little of him left. I at once discovered that his "rheumatism" was a large femoral abscess, which had been burrowing among the extensor muscles of the thigh to a great extent. His prostrate condition deterred me from opening the abscess at once, and I ordered him a limited amount of brandy punch and a quart of porter per day. Under this treatment he in a measure rallied, and on the 2d of August I made a free opening, through which was discharged three pints of unhealthy pus, having a sour disagreeable odor, blackening a silver probe, &c. For a few days, a free discharge continued, but the orifice becoming plugged, I was obliged to introduce a tent; and on the 19th, the lower portion not having discharged as freely as I liked, I made a counter opening, and let out three half pints more of pus.

When I first saw this case, I considered it almost a hopeless one. The man had had, for several days, diarrhœa which was prostrating him very rapidly; his pulse was weak and fluttering, of 140 beats to the minute. He was so reduced in strength that he could not turn himself in bed, and had not slept for several days and nights. As soon as his nervous system had become somewhat composed by opiates and his strength rallied by stimulants, I thought it better to remove the matter as soon as possible, rather than, by a valvular incision, to leave a large portion to keep up the "irritative" fever which was endangering his life. The morning after I had first opened the abscess, I found him with a pulse under 100, and he said he had slept more than he had done in six weeks. Under the use of porter and nutritious food he rapidly recovered, and in four weeks was able to hobble about on crutches, and soon after to walk without them. At least one gallon of matter was discharged from his thigh, it being some two months before the wounds were closed and the discharge checked.

Furuncles, abscesses, &c., still continue to be frequent, but are not so numerous as they were a year ago. A few days since, I was called to see a child in the family of a physician of this place, who was just passing through an attack of scarlatina, which had come on while the child was suffering with pertussis. I found, also, in her case, the *sterno-*

*cleido-mastoideus* the seat of an abscess, which apparently extended the whole length of the muscle. I opened the sheath, discharging quite a quantity of pus, and the child passed at once into a state of rapid convalescence, from one in which her recovery appeared doubtful.

I have but a single remark to make in relation to this subject, and that is, that physicians are generally too tardy in making their incisions. The timidity of the patient and the desire to avoid an operation, cause him to postpone the treatment, which in almost every case he is obliged to resort to in the end.

G. R. HENRY, M.D.

*Burlington, Iowa, Aug. 14, 1852.*

### POISONOUS CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The numerous deaths which have recently taken place from the inhalation of chloroform, seem to require that I should state what I know upon this subject, without waiting for more extended researches which I have now in progress; for a word in time may save human life, and I shall therefore present my views, even though some may think that I ought to wait until my work is completed to its full extent before publication. I have formerly been charged with dilatoriness in presenting my discoveries to the public, and wish to avoid a repetition of this accusation, even though my work, in its present state, is not so complete as would be required for scientific purposes.

I have long had a strong suspicion that the very sudden deaths resulting from the inhalation of chloroform, must have been produced by the presence of some poisonous compound of amyle, the hypothetical radical of Fusel oil, or the oil of whisky; and I began a series of researches upon this subject several years ago, but was called off from my work by unexpected persecutions. This work I have resumed, and I will now state what facts and inductions I am able to lay before the public.

1st. When chloroform, and the alcoholic solution of it called chloric ether, was made from *pure* alcohol diluted with water, no fatal accidents took place from its judicious administration.

2d. When chloroform was made, as it now too frequently is, from common corn, rye, and potato whisky, deaths began to occur, even when the utmost care was taken in its administration.

3d. In the Chelsea case, where this kind of chloroform was probably contained in the alcoholic solution incorrectly called chloric ether, death took place in a very sudden manner, and the post-mortem appearances of the subject indicated the usual effects of poisoning by chloroform.

From these data, it might justly be inferred that some poisonous matter exists in the cheap chloroform of commerce, and I suspected that it arose from the Fusel oil which exists in whisky. This opinion, at my suggestion, was published by two of my friends, to put the public on their guard, and those gentlemen urgently advised that physicians and



surgeons should return to the use of pure sulphuric ether (oxide of ethyle), as originally prescribed by me.

It is well known that I have always preferred my original anæsthetic agent to all the substitutes that have been proposed since ; but still I have always been willing to give the proposed substitutes a fair trial, and did try them all, first upon myself, and then upon such of my pupils as felt willing to allow the experiment to be made upon them. I also in a measure compromised with that powerful anæsthetic agent chloroform, by mixing small proportions of it, about one fourth or fifth part, with sulphuric ether, so as to concentrate the anæsthetic agent into a smaller bulk, and I have extensively used this preparation in the production of anæsthesia, and without producing any dangerous or even unpleasant symptoms in any case, but I always took care to ascertain that the chloroform used by me was pure.

Having, during the last month, succeeded in procuring some very pure Fusel oil (of whisky), I undertook the researches which have resulted in the conviction that it is this amyle compound that produces the poisonous matter of certain kinds of chloroform. When mixed with hyperchlorite of lime (bleaching powder) and water, in the same way as we prepare alcohol for the production and distillation of chloroform, I found that the mixture in the retort, after agitation and standing some time, became warm, indicating that a re-action was taking place between the Fusel oil and the hyperchlorite of lime.

After some hours the retort was placed in a water-bath and distillation was effected, the volatilized liquid being condensed by means of one of Liebig's condensers. A clear colorless liquid came over, which was at once recognized as having the peculiar *odor of bad chloroform*. It is perhaps a *ter chloride of amyle*, but has not yet been submitted to analysis. It is so powerful that merely smelling of it makes one dizzy, and working over it made me so sick that I was obliged to go out of doors for fresh air several times during my operations on it. In order to make sure that the Fusel oil was all decomposed, I again mixed the product of the distillation above mentioned with a new lot of bleaching powder, and water ; and after three hours, with frequent agitation, it was again distilled, and gave what I regard as the pure unmixed poison. This I am now to test on such animals as have proved good ether subjects, and shall make report of my results in this Journal.

If my views are correct, it follows :—

1st. That all chloroform intended for *inhalation as an anæsthetic agent should be prepared from pure rectified alcohol*, to be diluted with water when used for distillation from hyperchlorite of lime.

2d. That no druggist should sell for anæsthetic uses any chloroform which is not known to have been properly prepared as above suggested.

3d. That the mixture of chloroform and alcohol, commercially known under the name of strong chloric ether, must be made with the same precautions as chloroform.

There is less danger of the existence of Fusel oil in sulphuric ether, which is always made from strong rectified alcohol.

There is more danger of the existence of sulphurous acid in this liquid,

and that is a dangerous poison, but it is one readily detected ; and persons will object to inhaling ether containing it, on account of its well-known disagreeable odor of burning sulphur.

Fusel oil itself, according to the microscopic researches of my friend Dr. Henry C. Perkins, of Newburyport, appears to act as a poison. His experiments were suggested by an article published by Mr. Henry A. Hildreth, imputing the poisonous qualities of some kinds of chloroform to Fusel oil contained in it.

It is important, now that this Fusel oil has been introduced into medicine as a remedy in phthisis, that the profession should know that when it is inhaled it may produce fatal results, and that great caution is necessary in the use of so powerful an agent. Administered, a few drops at a dose, by the stomach, it does no harm, but is undoubtedly useful in some forms of disease. Experience will soon show how far it is remedial in tuberculous diseases ; and this remedy is in good hands at present—Dr. Morrill Wyman and Dr. Perkins having engaged in the researches as to its medicinal use.

I annex a letter which I have just received from Dr. Perkins, deeming it an interesting contribution to physiological science.

Respectfully your ob't serv't, C. T. JACKSON, M.D.

*Assayer to the State of Mass.*

*and to the City of Boston.*

*Boston, Sept. 1, 1852.*

*Newburyport, Aug. 27. 1852.*

MY DEAR FRIEND,—Noticing, the other day, a paragraph in one of the papers, which attributed the evil effects of chloroform to the Fusel oil it contained, I tried an experiment upon a frog with a few drops of this oil dissolved in ether, and found that after inhaling it for a short time the same effects were observable under the microscope as appear when chloroform is used, viz., an *almost entire* suspension of the circulation in *all* the bloodvessels ramifying upon the web of his foot ; there was, in fact, only a *very slight backward* and *forward* motion to be seen in *one* single vessel ; in *all* the others the blood was *perfectly stagnant*. The frog was insensible for a much longer period than when the ether alone is used. He is now bright and ready for another experiment—to which I proceed.

I exposed him to the vapor of a few drops of Fusel oil dissolved in about a drachm of New England rum, for about six minutes, when he closed his eyelids and seemed under its influence. He was then placed upon the stand of the microscope, but not the slightest appearance of circulation was to be found in any of the vessels of the web ; it was unusually pale and exsanguinous. He removed his foot twice or thrice from the stand, and gasped several times. I was now called away, and was absent about half an hour. Upon my return, the frog was found *dead*.

Several queries suggest themselves, which you will allow me to propose :—

1st. Is there any Fusel oil in sulphuric ether ?

2d. Can the Fusel oil be removed from the chloroform ?



3d. Would the vapor of New England rum, rot-gut whisky (which contains this oil), produce anæsthetic effects?

4th. In what other liquors is this oil found?

5th. Does it in small doses, as administered by our friend, Dr. M. Wyman, and as I am now trying it upon his recommendation, diminish the pulse and act as a direct sedative?

To the third and fifth queries I shall direct my attention. The others I leave for your investigation.

Very truly your sincere friend,

H. C. PERKINS.

#### HYDRARTHROS OR WHITE SWELLING OF BOTH KNEE-JOINTS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Mrs. Mary Marsh, aged 45 years, and residing at No. 256 Monroe street, a very large, stout built woman, and of a lymphatic and scrofulous diathesis, had been suffering for a long time with this disease in both her knee-joints, and had resorted to every species of remedies and treatment for relief before I saw her. I found the knees enormously swollen and painful, rendering it impossible for her to bear the weight of her body upon them. On her applying to me I placed her under the following treatment: Her bowels were first freely acted on with mass hyd. and pulv. rhei, and then she was placed under the action of the following alterative—R. Iodide potassæ, ʒ ij.; iodine, gr. x.; bi-chlo. hyd., gr. ij.; aqua, ʒ viij.; syr. simp., ʒ viij.; tr. hyoscyami, ʒ ss. M. Dose, a tablespoonful every six hours. As a counter-irritant on the knees, the swelling was covered with an ointment made as follows:—R. Acid sulphuric, ʒ j.; axung. vel ol. olive, ʒ ij. M. Ft. ungt. This was applied on one knee first, till it produced vesication, and then it was dressed with ungt. simp. till it healed. The same was then applied to the other knee, which was treated in the same manner. These blisters were repeated alternately a number of times, till I had the satisfaction of seeing a perfect cure effected. The great severity of the application would at first almost deter one from its use; but when we view the desperate nature of the disease we have to contend with, I think we are warranted in resorting to it.

Mrs. Marsh is now perfectly well, and has been so for some months. Her cure was perfected by an after use of vegetable tonics and a generous diet, with exercise.

I remain yours respectfully,

J. X. CHABERT, M.D.

No. 431½ Grand st., N. York, Aug. 5, 1852.

#### DANGER FROM CHLOROFORM AND ETHER.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The questions are often asked, why is chloroform considered more dangerous than ether, and from what cause do the fatal cases arise? Is it owing to the state of the nervous system at the time it is

administered, or from a want of caution or experience on the part of the one who administers it, or has the quality of the article anything to do with it? But these questions have as yet met with no satisfactory answer. Some contend that both articles are perfectly safe if properly administered, while others cast chloroform aside and use *chloric ether*. Yet it would seem, from the fatal case which occurred in East Boston recently, that the use of the latter is not unattended with danger. The public mind seems to demand an answer to these questions, and their call upon those to whom they commit their life and health seems to be a sufficient incentive for a more thorough investigation into the subject. It would seem that two articles, producing, *as these do*, the same effect, and nearly allied to each other in composition, if dangerous, are equally so. If this be the case, then the question arises, is an inferior article more so, or will it produce a different effect on the system. In my own experience, the only difference which I could perceive was that it would not produce much of any effect, in most cases none at all? Now have those cases which have proved fatal, or most of them, originated from carelessness, or from a want of experience? If from neither, then it seems that both articles are dangerous, and the question arises, is there no way by which danger can be avoided? Will not the use of electricity preclude the liability to any fatal result?

*Boston, Aug., 1852.*

Yours with respect, J. H. SMILIE.

#### MORTALITY ON THE PLATTE RIVER.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Should you deem the following remarks worthy a place in your Journal, you are at liberty to place them there.

It is probably known to the readers of the Journal, that since the discovery of gold in California, one of the great thoroughfares to this modern Ophir is the overland route from the Missouri river via the South Pass of the Rocky Mountains. During the season of 1850 it was estimated that fifty thousand persons travelled that way, crossing at various points on the Missouri River, from Independence to Council Bluffs—all meeting at the grand junction, at the foot of Grand Island or Fort Laramie, on the South Pass. It was observed that those who went up on the south side of Platte River suffered severely with cholera and diarrhœa. Six hundred graves were counted between the Missouri River and Fort Kearney; while on the north side of that River there were only *three*. This difference in the mortality of the two routes is probably in a great measure owing to the saline brackish water on the south side of the stream, and the pure fresh water on the north, coming directly from the mountains or highlands. Another obvious reason was, that over one hundred physicians crossed during that season at Council Bluffs, who belonged to as many organized companies, and had the whole sanatory control of them.

The emigration of 1851 was much less; but from the statistics in my possession I am satisfied the ratio of mortality was nearly the same. In



1852 the emigration has been thus far very large, but I have no reliable statistics.

*Council Bluffs, Iowa, August, 1852.*

Respectfully,  
M. H. CLARK.

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#### ENCYSTED TUMOR ABOVE LACHRYMAL SAC.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I offer for your Journal the subjoined report of two cases, which from the peculiar situation of the disease might have been mistaken for an affection of the lachrymal organs. They are the only cases I have ever seen, and I do not recollect having noticed any description of similar ones in the works on diseases of the eye.

Yours, most respectfully,

*Boston, September 3, 1852.*

H. W. WILLIAMS.

Mrs. ———, a lady rather beyond middle age, came from a neighboring city to ask my opinion in regard to swelling and inflammation in the region of her left lachrymal sac. Before leaving home, she had consulted an eminent surgeon, who had proposed an operation and the insertion of Dupuytren's canula.

I found the eye nearly closed by the swelling, and the appearances were those ordinarily presented in inflammation of the sac. The symptoms, however, were less acute; there was less pain, and the tumefaction and redness had continued some time with little change. The tumor being sensitive to pressure, I ordered emollient applications to reduce the inflammation before undertaking any exploration. Some days after, all the morbid symptoms with the exception of the tumefaction having been removed, I made a careful examination of the tumor. It could not be effaced by pressure, either downwards towards the ductus ad nasum, or upwards towards the puncta. The sensation of fluctuation was very evident, and the tumor had precisely the form of a distended lachrymal sac.

On making injections into the puncta by means of Anel's syringe, I found that no obstruction existed in the lachrymal passages. This circumstance, together with the fact that I was able, as it were, to enucleate the tumor, and define its outline by the finger, as apparently unconnected with the groove in which the lachrymal sac is lodged, led me to form the diagnosis of an encysted tumor lying external to the sac, and probably not connected with it. At the suggestion of her physician, applications of tinct. iod. were made to the skin above the tumor, for some time, but with no apparent diminution of its volume. I then made an exploratory puncture with a cataract needle, and gave issue to a greenish-yellow fluid, in which were mixed dark particles resembling coffee grounds. A fortnight after, the cyst having partially refilled, I operated for its removal. It extended quite deeply beneath the lachrymal sac, and, being unable to remove it entire, I was not absolutely sure that every particle was dissected out. The wound was closed by one point of suture and by adhesive plaster, and though the cavity would

have contained a large filbert, it was obliterated, without suppuration, by primary adhesion of its parietes; leaving no cicatrix which could be detected by an ordinary observer.

Three months after, there appeared to be slight indications of another tumor in the same situation. I advised its immediate extirpation, but this was delayed for six months, at which time it had acquired nearly the size of the original, but had not caused inflammation of the contiguous parts. The tumor and its contents were similar to those first removed. The dissection was difficult, from the close proximity of the sac and the depth to which the cyst extended, but the wound healed with the same readiness as at first. Five months have since elapsed, and there is no evidence of any return of the disease.

The second case was that of a German, aged 35. The tumor, as I learned from his attending physician, had at first originated in such a situation that it appeared like an enlargement of the sac. When I saw him it had increased in size, and extended so far above the tendon of the orbicularis muscle, as to render the diagnosis less difficult. As in the former case, the tumor was composed of a cyst, which contained a somewhat viscid yellowish fluid. Some suppuration took place from the cavity after its removal, but the patient promptly recovered, and the cicatrix was too slight to attract notice.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1852.

*Fusel Oil*.—Mr. Burnett, of Tremont Row, who is prompt in securing whatever is new and useful as a remedial agent, has requested an examination into the reputed merits of *fusel oil*; but having no facts of our own, it may be satisfactory to the profession to know in what estimation it is held by a judicious practitioner, in a neighboring city. An extract is given below from a letter of his.

“The diseases in which I have used it about a year and a half, are tubercular affections of the lungs, and scrofulous diseases generally. The dose is four or five drops, three times daily, gradually increased to as large a quantity as the stomach will bear. It is most conveniently given in wine or alcoholic liquors, with which it readily mixes. I have not thought it did as well with those who have red tongues or a tendency to diarrhœa, as with others. The results, so far, have led me to believe it has a tendency to suspend the action of tubercular disease.

“I was first led to make use of this oil, from considering the well known fact that those in the habitual and excessive use of alcoholic drinks, are not, as a general rule, subject to tubercular disease, in the same proportion as others. By careful inquiry, I was also led to believe that it is the *coarse* alcoholic drinks which are more remarkable for this preventive quality. New England rum, rot-gut whisky, in this country, are the *fusel* liquors of the north of Europe, those which produce bloating and fattening. These coarse liquors produce, in fact, a disease which may have a power antagonistic to tubercular disease. Just as cancer and phthisis are antagonistic, or measles and scarlet fever, or measles and typhus fever. Thinking,



therefore, that this protective power may exist in the fusel oil, I have administered it as a medicine."

On the other hand, an eminent practitioner, who conversed with us but a day or two since, conceived the article a dangerous one. We leave the subject in the care of the profession, urging upon physicians, in the meanwhile, to allow no opportunity to pass, where a new fact can be gained for science or humanity. If the tendency to the formation of tubercles could be arrested by this preparation—then give it, and let us have the results of each one's careful observations.

We beg leave to refer to a communication in to-day's Journal, by Dr. Jackson, the celebrated chemist, who refers to this fusel oil in a way to make its history clearly understood.

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*Oriental Medicine.*—While the editor of this Journal was travelling in Asia Minor, he formed an acquaintance with several missionary physicians from America, some of whom have since contributed such facts as were within their reach, illustrative of the condition of medicine in the Orient. Readers are familiar with the communications of Dr. Paulding, of Damascus, the ancient capital of Syria. Next week we will publish an interesting paper from Dr. Henry A. De Forest, received by the last steamer, who is stationed at Beirut. We visited Dr. De Forest's school, and from personal intercourse and observation can bear willing testimony to his sacrificing devotion to the objects of his mission, for he has literally forsaken all, to introduce and extend Christianity in the very midst of Mohammedanism.

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*Successful Surgery.*—The Democratic Union, of Watertown, N. Y., in speaking of two amputations of the thigh, by Dr. Wm. R. Trowbridge, of that place, observes that an amputation on a young man by Dr. A. Trowbridge, "is the 28th operation on the same number of patients, in his private practice, since he commenced his profession in Watertown, in 1809. Nearly all of them recovered. Dr. Trowbridge made his 18th operation for lithotomy on the 12th inst., successfully."

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*Obesity.*—A correspondent of the Boston Evening Journal, relates the following remarkable case of obesity, which is worth preserving for reference. Cases of both extreme fatness and leanness have been chronicled in this country, which rival any thing in that line in Europe. Mr. Dixon, the great man of Congress, who was too large for entrance through an ordinary door, and who sat in a chair made by order of government for his especial use, because he could not otherwise be seated, fell but little short of the celebrated Daniel Lambert, in point of magnitude. On the other hand, Calvin Edson, who was exhibited in this country some years since, has never been matched. He was universally denominated the walking skeleton. Several extraordinary examples of obesity in this immediate neighborhood might be cited. The following is the case first referred to.

"Miss Rosina Delight Richardson, only daughter of Mr. Nath'l and Mrs. Mary Richardson (of East Alstead, Cheshire county, N. H.), is nineteen years of age, is five feet three and one-quarter inches in height, measures five feet four and one-quarter inches around the waist, six feet two inches around the hips, twenty-two inches around the arm above the elbow, fourteen inches around the arm below the elbow, and two feet ten inches in a

straight line across the shoulders. At birth she weighed six pounds, at five years one hundred and forty-eight pounds, at ten years two hundred and sixty-eight pounds, at fifteen years three hundred and sixty-five pounds, and now, at nineteen years of age, she weighs four hundred and seventy-eight pounds. On estimating the quantity of cloth in her clothing when dressed for a ride on a winter's day, we found it to contain ninety-eight and one-half yards of three quarter yard wide cloth.

"She has brown hair, dark blue eyes, is of fair complexion, and has what phrenologists would call a well-balanced head, the perceptive organs predominating. She can knit, spin, weave, make a shirt, or a batch of bread, is a good singer, and plays the piano with taste and skill—is considered one of the best scholars in the town where she resides—is courteous and affable, and lively in conversation, and evinces a general knowledge which might raise a blush on the cheek of some of our city belles."

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*Atmospheric Peculiarities.* — Every physician is familiar with the fact, that there are singular local modifications of the atmosphere, from time to time, which exert an influence on health. The *tendency to cholera* is spoken of as a recognized fact, and yet the causes that produce it are unexplained phenomena. There are seasons when there is an evident predisposing tendency to other diseases, equally difficult of solution. During the latter part of July and through the month of August, in this vicinity, medical gentlemen have repeatedly chronicled the circumstance that the system is scarcely susceptible to the action of vaccine virus. The functions of the skin seem to be singularly deranged. Dr. Durkee says this is easily explained by an anatomical knowledge of the complicated apparatus of the dermoid textures. The little tubes are pouring out upon the surface an immense amount of fluid during the extreme heat of those months, as a necessary measure in the economy of nature, to keep the body in a condition to resist the external influences to which it is subjected. Electricity is likewise unquestionably exerting a circle of actions on the living body, during the intense heat of summer. But the remark which was intended to be made when commencing this paragraph, is, that the action of the kine pock matter has been resisted to such a degree among us, that a repetition of the operation has often been continued through several weeks before a pustule could be raised. For more than a hundred miles from Boston, south and west, practitioners have had this non-susceptibility to contend with of late—and which, of course, is invariably charged to the imperfection of the virus. No one should be discouraged under these circumstances; but if an emergency exist, they should persevere till the object is accomplished. On the return of settled autumnal weather, and through the winter, little or no difficulty will probably be experienced in accomplishing an operation regarded the simplest in the whole range of professional services, but one of the most important in its results upon the health of men, women and children, and consequently upon the public health.

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*Death of Dr. Windship, of Roxbury.* — Charles Williams Windship, M.D., of Roxbury, Mass., died in that city on the 27th of August last, aged 79 years. He was a graduate of Harvard College, and a member of the class of 1793. The following obituary notice was handed in too late for insertion in its proper place, and is therefore introduced here.



The announcement of the death of Dr. Charles Williams Windship may create but little sensation on the public mind ; but there are private hearts in this community who will be moved by real sorrow at the departure of the good old man, full of excellence as of years ; many with whose earliest recollections he is tenderly associated, by his friendly courtesies, domestic relations, or professional services. Three generations have loved, honored, and will cherish a grateful remembrance of his kind, encouraging presence, when all of hope, and most of life, had fled. He was known to the poor as a benevolent, efficient friend ; giving freely of his time, skill, and influence. He not only prescribed, but administered ; supplying, gratuitously, medicine to the sick, and cordials to the convalescent.

A student with the late Dr. Samuel Danforth, he acquired what is usually termed a bold practice—treating the causes of disease rather than quiddling with the symptoms ; and his patients were often led to feel they had, under his skilful care, received a new lease of life ; and many now living owe their health and vigorous old age to Dr. Windship's skilful treatment of a diseased and badly-conditioned organization. His decided manner in a sick room (at times almost peremptory) saved confusion and distress, and often those who were moved to blame, paused to bless him. Vigilant nights, sleepless days, were familiar to him ; for while there was a spark of life there was a chance, or in a ray of light glimmering in the horizon he saw a world of hope. No infusion of dismay or despair was in his philosophy. He wore the flowers of beauty which life presented fondly and gaily in his bosom, and the weeds which inevitably spring up in this world's path he passed over with careless step.

Music and the fine arts he loved, and few could criticize a passage in poetry or prose with more accurate refinement. Mythology was full of graceful charms to him ; and when the world of fact annoyed or distressed, he turned in gentle reliance to the school of Morals, or the region of Myth. His readings and studies were classic, as well as medical, and his marginal notes have greatly increased the value of his library.

Dr. Windship has been thought sceptical by some on religious subjects. His investigations were sincere and without intolerance. He was not without faith, although he required more demonstration than most credulous minds need for the grounds of their belief. His views of the future condition of the soul differed from many persons ; but it was more important to him to keep it pure and self-relying here, than to harass and dogmatize the future. He loved and practised the Christian virtues. His creed was short, but imperious. He never compromised conscience, and few have obeyed the will of the Father more implicitly and confidently.

Dr. Windship's manners were scrupulously polite ; he never could be surprised into the too familiar, or the vulgar. Of delicate organization, you had to discern the quiet heroism of his life, to acknowledge how large a man he was. His laugh was seldom audible ; it seemed rather a vocal smile. Humorous without levity, learned without pedantry, and good without pretence.

His last feeble days were supported by the best of earthly comforts—the presence of dear children ; and at his departing moments, in the full consciousness that loving hearts were near and gentle hands were upon him, he quietly left the living and loving for a well-earned rest.

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The parting sigh  
Appoints the just to slumber, not to die.

*Etherization in Congress.*—The bestowal of a hundred thousand dollars as a grant to the discoverer of etherization, has met with an immense amount of friction at Washington. A gentleman from Vermont insists upon it that he made the discovery, and in due time the hard world shall know something of his painful cogitations. The following extract shows how the question stood in the U. S. Senate on one of the last days of the session. Peace to the man who gets the hundred thousand!

“Messrs. Borland, Shields, Badger, Douglas and Walker, urged the claims of Dr. Morton; Messrs. Bradbury and Soule, the claims of Dr. Jackson; and Messrs. Smith and Toucey, those of the heirs of Dr. Wells.

Messrs. Mangum, Pratt and Seward, urged the postponement of this intricate question till some other time. It was now half past seven.

Mr. Smith addressed the Senate again on the subject, and intimated an intention of offering an amendment, and took his seat to prepare it.

Mr. Weller and others cried “Question.”

Mr. Brooke, of Miss., commenced a speech in favor of the amendment.

After some time Mr. Smith claimed the floor, and it was awarded him. He continued in favor of his amendment.

Mr. Broadhead and others followed.

Mr. Smith then withdrew his amendment.

Mr. Seward opposed any action on the subject.

Mr. Mallory supported it.

Mr. Hale said that a gentleman now in the chamber informed him that neither Doctors Morton, Jackson nor Wells, were entitled to this discovery [laughter]; that it was discovered by a young physician of New York, now dead, and that his orphan sisters were entitled to the reward. The gentleman pledged his word that this fact could be proved if time were given.

The question was taken, and the amendment was rejected by yeas 17, nays 28.

Thus ended the matter until another session of Congress.

*Elastic Stockings.*—In alluding to Mr. Miller’s importation of the newly invented India Rubber Stocking, so useful in protecting a varicose limb, we inadvertently called it *laced* instead of *elastic*. However, this gives us additional opportunity to confirm the statement that it is an important invention.

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TO CORRESPONDENTS.—The favors of several correspondents, already acknowledged, are deferred for want of room. We have on hand, in addition—a biographical sketch of the late Dr. Harman, of Vermont, and a letter from De Forest, of Beirut, in Syria.

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ERRATUM.—The caption to Dr. Peirson’s article, in No. 49, this volume of the Journal, should have been *Malignant Pustule*, instead of “Malignant Tubercle.”

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DIED.—At New Haven, Conn., Æneas Monson, M.D., 79.—At Roxbury, Mass., Charles Williams Windship, M.D., 79.

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*Deaths in Boston*—for the week ending Saturday noon, Sept. 4, 96.—Males, 44—females, 52. Inflammation of bowels, 11—inflammation of brain, 3—consumption, 8—convulsions, 3—cholera infantum, 5—cholera morbus, 2—croup, 1—dysentery, 15—diarrhœa, 3—dropsy, 2—dropsy of brain, 3—drowned, 1—erysipelas, 2—typhoid fever, 1—scarlet fever, 8—hooping cough, 1—disease of heart, 1—intemperance, 1—infantile, 7—inflammation of lungs, 2—marasmus, 5—palsy, 2—puerperal, 3—scrofula, 1—teething, 4—unknown, 1.

Under 5 years, 54—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 6—over 60 years, 6. Americans, 41; foreigners and children of foreigners, 55. The above includes 11 deaths at the City institutions.



*Bostonian.* Halloo, Cabman! I want you to take me to Devonshire square, Bishop's-gate street. What's the charge?

*Cabman.* Two and six pence.

*Bostonian.* I cannot give you so much, the law does not allow that, it is not more than two miles.

*Cabman.* It is three miles or more, cannot go less than two and six pence. (Four or five cabmen now come round, being on the stand; and quite a smart discussion comes up, which lasts three or four minutes.)

*Bostonian.* Will you carry me for one and four pence? that is the regular fare.

*Cabman.* Two and six pence—cannot go for less. (Turning away in a surly, rough manner.)

(Upon this the Bostonian goes up to the back of the cab, takes out a piece of paper, and records the number of the cab, then calls out)—Who owns this cab?

*Cabman.* I do, sir.

*Bostonian.* Will you carry me to Devonshire square, Bishop's-gate street, for one and four pence?

*Cabman.* Yes, sir. (Bostonian gets in, and away goes the cab.)

*Scene.* Office of Mr. J——, a celebrated Chiropodist, Cockspur st., London. The bell having been rung, a servant in livery comes to the door.

*Bostonian.* Is Mr. J—— at home?

*Servant.* Yes, sir, please to walk in.

(Servant retires, and after a few moments returns, saying, "Mr. J—— will be down in a few minutes.") Bostonian reads a paper which was handed him by the servant, containing a long advertisement of "*Corns Cured* by Mr. J——, Surgeon, &c. &c. &c.")

*Mr. J. enters.* Good morning, sir.

*Bostonian.* Good morning! My feet trouble me, and I called——

*Mr. J.* Oh yes! that is very common at this time of the year; I can cure them for you.

*Bostonian.* Is there no danger that the chemical preparation which you use will do injury?

*Mr. J.* Oh no! I have many testimonials.

*Bostonian.* What is your——?

*Mr. J.* Oh, I will tell you all about it directly (interrupting him), as soon as the gentleman is gone; excuse me a moment.

(Mr. J—— retires, and Bostonian takes up the paper again. Presently he returns.)

*Mr. J.* Walk up stairs, sir.

*Scene.* An elegantly furnished apartment; Bost. seated in a crimson velvet-cushioned chair, his foot bare and in Mr. J.'s lap. Mr. J. applies some chemical preparation, and after softening the hard skin, which he carefully removes with a sharp instrument, he applies his small pincers, and draws out a particle resembling a hog's bristle, an 8th or 16th of an inch in length.)

*Mr. J.* There, you see, is one of them! See how hard it is! (touching it to the skin of Bost. He applies the pincers again, and extracts another.) There is another!

*Bostonian.* Oh, yes! I already begin to feel relief.

*Mr. J.* Oh yes, I will relieve you entirely. There are perhaps four or five more particles in this corn. But, I will just let you know my charge, before proceeding farther,—so that it may be well understood, and that there may be no dissatisfaction hereafter.

*Bostonian.* Thank you, sir. What is your charge?

*Mr. J.* I charge two guineas for each particle extracted.

*Bostonian (Astonished).* Two guineas! why, let me see. You say there are, perhaps, four or five more, and you have already extracted two; that will make a charge of, say, ten to fourteen guineas for this one corn; and as I have two others, the whole will amount to, perhaps, thirty or thirty-five guineas!

*Mr. J.* Yes, sir, I think not more than that.

*Bostonian (aside).* Thirty guineas! One hundred and fifty dollars! Exorbitant! Imposition! One hundred and fifty dollars for one operation of ten minutes on my toes! No, I will not submit to such an abomination! (Aloud) Well, I can't have the operation performed, I can't give so much.

*Mr. J.* But it will afford you entire relief.

*Bostonian.* I cannot afford to obtain relief at that price.

*Mr. J.* But it will be worth \$500 to you to have these corns entirely removed.

*Bostonian.* Yes, sir! but I really have not got half the money with me; and besides, I cannot afford to pay such a sum.

*Mr. J.* But, sir, I will work a complete cure.

*Bostonian.* But sir, I cannot have it done.

(Bostonian now takes out his pocket handkerchief, withdraws his foot from the knee of the operator, wipes away the chemical preparation with which it had been washed, and puts on his stocking and shoe.) What is your charge, sir, for what you have done?

*Mr. J.* Four guineas.

*Bostonian.* It is a very extraordinary price indeed! (Pulls out his purse, and places four sovereigns and four shillings, in silver, on the elegant and beautifully polished table.)

*Mr. J.* You had better let me take out the remainder, you will still suffer unless I do.

*Bostonian.* Oh no, sir, I cannot have them taken out at that price.

*Mr. J.* Just allow me to see your foot again.

*Bostonian.* No, sir—I shall keep my corns and my money.

*Mr. J.* But perhaps—if you will only let me look——

*Bostonian.* No sir, I would not let you touch my foot again, if you would do it *free of charge*! I consider it an imposition! Good morning.

*Mr. J.* Good morning.

(Bost. goes down stairs, and is met by a servant in livery, who very politely opens the door and lets him go out into the street, free of charge—*minus four guineas.*)

L. C.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 7.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

SIXTH LETTER.

MY DEAR FRIEND,—Let us continue this review of facts and arguments which have been opposed to my doctrines.

There is an observer upon whose works my antagonists place great value, and they are in fact worthy of much esteem. I have cited them honorably in my preceding letter, and you see me disposed to accord to them the value which they merit. This observer, whose results have been opposed to me without cessation, is M. C. Martins. Well, what do the results of M. Martins prove in the elucidation of the great question of the consequences of blennorrhagia as cause of syphilis? Remark that it is precisely on account of the accuracy of the observation, of the scientific method employed by this observer, and in fine of his statistics, that they have made so much noise about his figures and his conclusions. What, then, do his figures say? I find them very favorable to my doctrines. Is it by complaisance? Judge of it.

M. Martins gives a statement of 60 observations of syphilitic eruptions. Now how many times has the chancre been noted as antecedent? 46 times, my dear friend. In 14 cases only, M. Martins assures us that he has found no other antecedent than simple blennorrhagia, two of which were accompanied with bubo, and two with orchitis. But M. Martins adds that he had not the opportunity to make the diagnosis of these cases of blennorrhagia, and that he trusted to the testimony of the patients. You know what I think upon this point. There are some testimonies, without doubt, that we ought to believe; but I shall always maintain that when there is a question of diagnosis as difficult as that of chancre in the urethra, the testimony of people entirely strangers to the profession, often ignorant and narrow-minded, and who understand neither the sense nor the bearing of the question, is of very little value. Without doubt we accept testimony in some questions much more grave, in those of life and death; but it does not follow that the testimonies are always true, and the judgments always equitable.

Permit me to offer you a general remark, which finds its place here. In many of the observations of M. Martins, as in several of those of



M. Cazenave, and as in almost all those of a great number of authors, you find in their summary these words—*many primary accidents*. These primary accidents which have necessarily produced the constitutional verole, are the chancre and the blennorrhagia. If my antagonists, by some reasonable motives, attached the consecutive infection rather to blennorrhagia than to chancre, we should have to examine this doctrine. But no, you know and you have read it, and you ought not to be much astonished, that it is together that they group these primitive accidents; that it is without considering the distance which separates their appearance one from the other, and that it is in giving to them all the same value, the same consequences and the same results. In truth, is this good science, is it strict observation? What should you think of a physician who should tell you, here is a man suffering from hydrophobia; he has been bitten ten times; it is three years since, two years, one year, six months, and very recently. But his disease is evidently owing to the successive inoculations which he has undergone. Or, here is a varioloid patient, who has gone through five or six epidemics of variola—at the last one the disease manifested itself; it is but the consequence of contagions and successive infections.

I confess that it is not thus that I understand science. I am astonished that a mind as strict as that of M. Martins, who agrees with me that blennorrhagia is due to causes entirely foreign to syphilis; who logically is forced to admit that the blennorrhagic antecedents as causes of syphilis are extremely rare, and that the chancre consequently is the most frequent antecedent of the verole—I am astonished, I say, that in order to arrive at the conclusion that a simple blennorrhagia can produce syphilis, he is content with his sixty observations, of which he chooses three, and particularly one, which I ought to bring forward here.

“An apothecary, aged 23 years, contracts a blennorrhagia, but it troubles him so little that he continues at his occupations. He goes hunting, and even has sexual intercourse. Then follows an orchitis, which forces him to take care of himself. The blennorrhagia is cured, after having lasted six months. Seven years afterwards, an *ulceration appears at the opening of the left nostril, another one at the internal surface of the lower lip*. These ulcerations extend; the two lips are attacked upon the entire left side, then they are partially cured, and ulcerations follow at other points. *The ulcerations have rounded borders, and are cut perpendicularly*; the cicatrices are delicate, rosy and pliable. The patient, admitted into the wards of M. Bielt, is cured in a month by the use of the proto-iodide of mercury. Shall we say that this patient, half physician, who examined himself carefully, as we have seen him do at the hospital, had chancres without perceiving them?”

Yes, certainly, I will say that that patient had very well-marked chancres, from the description which M. Martins gives, and that the patient had not recognized them, on account of the unusual seat which they occupied. As to the manner of the contagion, M. Martins will not ask me, and I shall not take it upon myself to point it out. He knows, however, as well as I, how these accidents can follow, and without seeking malice therein, in the exercise of the duties even of this good apothecary.

You are aware, my dear friend, that the chancres, unusual in their situation, and difficult to discover, are less rare than is thought to be the case. I cited to you an example in my last letter. Here are others.

Some years ago, M. Lustermann, professor at Val-de-Grace, brought to my house a lawyer, having a tumor upon the lower eyelid, at the inner angle of the eye, hard, resistant, elastic, with a red granulating surface, and in process of cicatrization. This tumor had been already seen by many physicians, and, if my memory serves me, some oculists had been consulted, but its nature had been until now unknown. I was asked if it was connected with some venereal antecedent more or less distant. Pushing my examination further than my brethren, I found the glands about the ear, those of the parotidean region, and the submaxillary, enlarged, indolent and elastic. The posterior cervical glands were already tumefied. The surface of the body was covered with exanthematous spots proceeding from the best characterized syphilitic roseola; lenticular spots of a dull red, leaving in some places, under the pressure of the finger, a tawny yellowish color; absence of fever and of pruritus.

To the great astonishment of M. Lustermann, this was my diagnosis: *Indurated chancre at the inner angle of the eye (successive engorgement of the glands about the ear, also of the parotidean and submaxillary); secondary affection of the cervical glands; syphilitic roseola; precocious secondary accidents.*

To the great astonishment of the patient, I said to him—It is two or three months, sir, more or less, that you conveyed to your eye the contagious matter, which inoculated you with syphilis. Recovered from his surprise, the patient said to me, “In truth I remember having slept with a woman, and after certain contacts, I was seized with much itching about the eye, where I carried my hand, and rubbed it during a considerable time. It is from that moment that my eyelid has become diseased.”

Is it not true, that if this gentleman had been attacked with a blennorrhagia, either antecedent or accompanying, it would have been to that, that the chancre of the eye and the secondary accidents would have been attributed? Very well, I must say that the nose of M. Martins's apothecary found itself probably in the same condition as the eye of our lawyer.

M. Cazenave ought to recollect the history (no longer ago than 1847) of a very intelligent student in medicine, in whom he diagnosed a constitutional syphilis *d'emblée*, characterized by a roseola without antecedents. This young man presented himself at the Hospital du Midi, and there we were able to show the existence, before all the students, which had passed entirely unperceived, of an indurated chancre extremely well marked, seated upon the left cheek, and concealed under a thick tuft of whiskers. The submaxillary glands—unobjectionable witnesses—were engorged and indolent, with that character of resistance peculiar to these glandular enlargements, symptomatic of indurated chancre. This ulceration, to which the patient had attached no importance, being revealed to him,



he was able to state with precision the origin and the date of it, which agreed perfectly with the appearance of the secondary symptoms.

At this same time in the wards of the Hospital was a patient having a chancre (primary accident) upon the sinciput. I showed, at my clinical lecture, a woman who had an indurated chancre upon the left eyebrow, with a symptomatic enlargement of the glands about the ear, which had two months preceded a nocturnal cephalalgia, enlargement of the posterior cervical glands, and a roseola.

I should never finish, if I attempted to indicate those cases only which have passed under my eyes, of chancre seated in unaccustomed places, and which would be confounded with secondary accidents attributed to a blennorrhagia of shorter or longer standing, by observers little accustomed to accuracy. I have at this moment even, in the first ward of my hospital, a patient, affected at the same time with a simple blennorrhagia of the urethra (inoculation negative), and with indurated chancre of the upper lip, accompanied with an indolent enlargement of the submaxillary glands, concomitant affections, but independent one of the other.

Here is sufficient, it appears to me, to prove to you how frequent and insidious are the causes of error under similar circumstances, and to legalize my scepticism as regards certain observations.

But I ought not to forget that my learned brother of Lyons is waiting for me with five observations which he opposes to my doctrines. I ought the more to return to them, as these five observations have sufficed to convince the strict and reserved mind of M. Legendre.

First, as I have already told you, one of these observations is done away with, for the patient who is the subject of them had had previous chancres. Four cases of simple blennorrhagia followed by syphilis remain. But of these four cases I shall permit myself to do away with two, for M. Baumès did not practise inoculation. These cases ought, then, to enter into the numerous category of those blennorrhagias for which there has not been a strict diagnosis. One remarkable fact, which you will permit me to notice in passing, is, that M. Baumès, who is certain of having inoculated the greater portion of the patients who have presented themselves to him, has fallen precisely upon two cases of syphilitic blennorrhagia, in the diagnosis of which he deprived himself of the precious aid of inoculation. We are then reduced to two other cases, where inoculation has been practised with a negative result, and which have been followed, nevertheless, by constitutional accidents!

In one of these cases there is question, also, of a nose, which again appears to me excessively suspicious. Here is the history, reported by M. Baumès:—

“Of the two patients inoculated, one remained at Antiguaille two months. His blennorrhagia was difficult to cure; he had still a white discharge when he left the Hospital. He entered it again three months after with a syphilitic eruption, in red patches, copper colored, partly furfuraceous, partly scaly, and a rounded ulcer with a greyish ground, with perpendicular borders, and with an erysipelatous circumference situated in the left nostril. At this period the discharge did not exist. This patient had had no coitus since his leaving the Hospital.”

You will find here, again, a very complete description of the primary ulcer ; and how does it happen that in presence of a fact so important, in the point of view of a question so litigious, M. Baumès did not try the inoculation of this chancre ? I regret it sincerely, but in the absence of all strict diagnosis, I ought to place this nose in the same category with the nose of the apothecary.

Here I am, then, face to face with one observation only of M. Baumès, and that the last one. My learned colleague well says that he inoculated from the seventh to the tenth day of the appearance of the discharge ; but how much time had passed since the infecting coitus ? M. Baumès knows perfectly well that a knowledge of this is not unimportant. He knows also, as well as I, that the chancre which is ordinarily followed by secondary accidents, generally extends itself but little ; that it is perfectly indolent ; that its suppuration is so little, that it can pass unperceived. Upon all this, M. Baumès is as well edified as myself, I am very sure. These ulcerations do not in any way prevent a blennorrhagia from being produced, a short or a long time after, and it is not astonishing that the one in question did not furnish inoculable pus, the chancre having arrived at the period of reparation, or having completely disappeared. It is moreover necessary to suppose, that before his first entrance into the Hospital, or after his departure up to the time of his return to it, the patient had not undergone another contagion, and by a way which escaped the sagacity of our colleague.

All these objections apply equally to the observation of M. Lafont-Gouzy, in which secondary accidents came on after a blennorrhagia which had been inoculated without result. He does not say anything of the time which separated the coitus from the manifestation of the symptoms, a period sufficiently long for the cicatrization or reparation of a chancre.

It appears to me, after all this, that my colleague of Lyons, who maintains that the simple blennorrhagia can give rise to the same accidents as the chancre, can permit me to send back what he addressed to me, viz., "that he establishes as principle that which is in question, and advances an hypothesis devoid of strict foundations."

Thus fall to the ground, one by one, the objections so grave in appearance made against my doctrine. Thus, I continue to believe—

With Girtanner, "that syphilis recognizes most generally for cause, chancres and buboes, and that it very rarely follows a blennorrhagia."

With Swediaur, "that the symptoms of syphilis are rarely manifested after blennorrhagia."

With M. Rayer, "that the secondary cutaneous eruptions with blennorrhagia are rare ; that we observe them in a much smaller proportion, than after superficial and deep venereal ulcers."

These opinions, as you see, agree very well with the relative scarcity of the chancres of the urethra with symptoms of blennorrhagia.

I could still cite many other authorities. But I have not finished with the objections. In my next letter I shall examine some of another nature.

Yours, &c.     RICORD.



## EARLY OPERATIONS FOR HARE-LIP.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING advanced the opinion, in some of the former numbers of the Journal, that an early operation for hare-lip was more successful than when deferred, I wish to add some additional testimony and remarks in favor of that opinion.

On the 2d of February, 1851, I was called to operate on a child in Marblehead, born with a hare-lip. The late Dr. Briggs, who knew my preference in favor of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures — one far up in the nostril—one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established.

On the 22d of May, 1852, a healthy male child, with a hare-lip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days.

For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to the period of birth. In the earliest infancy the recuperative powers seem to be strongest. I have also remarked that the sensibility to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of hare-lip operation, the child actually slept while the lip was being dissected from the maxillary bone.

It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient.

A. L. PEIRSON.

*Salem, Sept. 7, 1852.*

CONGRESS BOOTS—TIGHT LACING, WEAK ANKLES, &amp;c.

*To the Editor of the Boston Medical and Surgical Journal.*

MY DEAR FRIEND,—I have just had my attention called to an article in your Medical Journal of the 11th August last, condemning the wearing

of Congress boots particularly, and all tight-lacing generally. Now, you cannot disapprove and condemn *tight-lacing* more heartily than my humble self; but believing you are in error in your conclusions about the *Congress boots*—that you have so mixed them up with strange and bad company, that they may suffer, like poor Tray in the fable, I take the liberty to trouble you with a letter on the subject.

Congress boots are an American invention, and have been in use, here in Boston, over six years—during which time, the demand for them has been more than doubled each succeeding year, and has always far exceeded the supply, even at seemingly high prices. The manufacture and sale of them is now immense, far exceeding that of any other kind of genteel boot and shoe. They are now made and worn wherever boots and shoes are made and worn. Even the Queen of England, and the aristocracy of Europe, wear them. And they give such general satisfaction, that all those who wear a pair of them, properly made, thereafter want the “Congress” and nothing else.

Strange as it may seem, taken in connection with the article in question—accounted for, however, to my mind, by your recent and long absence—it is nevertheless true, that Congress boots are generally worn by surgeons and physicians, and have been by them extensively recommended for, and worn with the most satisfactory results by, those who have weak ankles, and those subject to “swelled feet and dropsical limbs,” &c.

Why, my dear Doctor, ladies who wear the *old-fashioned* gaiter boots, with openings in front or at the sides to let the feet in, and strings or laces to close up these openings and thus confine them to their feet and ankles, will always lace them as tight as possible, to make them set well and show off their “pretty feet and ankles” to the best possible advantage; and I do not blame them, for they know that all gentlemen like to see a well-turned and neatly-fitted foot and ankle, as well as a handsome face and form. And as this tight-lacing is usually done while they are in a quiescent state, of course their feet and ankles are not then usually swollen. Well, does not *this* “tight lacing,” binding the ankles, as it really does, about as tight as you would bind a ligature for bleeding, *cause* the feet and ankles to swell? And, thus laced, does not walking, dancing, &c., cause them to swell even worse yet? I have seen ladies in such pain, caused by these bungling and awkward old-fashioned contrivances, that they could not walk, but merely *wriggled*, as they moved along, with tears in their eyes, and looking miserable beyond the power of “paint and putty” to conceal it! You can see such sights on Washington street any *fair* day.

Now you know that these old-fashioned strings and laces will not give or stretch to suit the wants of the foot and ankle. Neither will the materials of which the boots are made. And on this account the strings frequently break or tear out, or the boots rip or burst, and are thus ruined. And therefore I think **THIS** the kind of “boa constrictor” binding of the foot and ankle, which should be condemned and banished from society.

On the contrary, Congress boots are without the nuisance of laces or strings, or any openings requiring them. The elastic gores readily and



easily expand to admit the foot, and then close up around the ankle, causing the boot to fit the foot and ankle "like a glove." In this respect, no other boot or shoe can compare with them. And they are so elastic that they readily yield to and accommodate all the wants of the foot and ankle, while sitting, standing, walking, dancing, &c. The elastic brace they furnish, renders them invaluable for much exercise on the feet, especially dancing. And of course they will wear longer, as well as better, than the old fashions—i. e. *if properly cut and made*. And how much easier and quicker they are put on and off, than the old fashions! Why, doctor, they are the handiest, the neatest, the most comfortable, best, and, in the end, *cheapest* covering for the feet ever invented!

Instead of being uncomfortably tight around the ankles, I have known ladies who had never worn a pair of Congress boots, at first object to them, "because they could not *feel* them enough"—*because they did not bind their ankles tight enough*! Of course, *their* ankles had been so accustomed to the old-fashioned strings and laces, or "tight cording," that nothing short of such abuse seemed to satisfy them. It had become a sort of "second nature." But when such ladies had once tried a pair of these boots, properly made, and ascertained their real merits by practical experience, they would never after wear any other sort of boot or shoe, even as a gift—provided they could get suited with a pair of Congress.

In fact, those who know or ought to know the most about these Congress boots believe their effects on the wearer to be *exactly the reverse* of those ascribed to them in the said article in this Journal; and that is one of the principal reasons why they have been so extensively recommended and patronized.

It may not be deemed out of place here, to name the fact, that the elastic webbing used in these boots, is the same kind that is so extensively used by surgeons and physicians, and those who manufacture their articles, for *bandaging* "swollen limbs," &c. I have yet to learn, however, that *this* "India-rubber contrivance," or any thing of the sort, would do to "bind a ligature for bleeding." Probably it would be found rather *too* elastic for any such purpose.

I fear, my dear doctor, that these Congress boots are located so "low down," that *you* have overlooked their real merits, and attributed to them faults that belong to the old fashions—faults which this invention was designed to obviate, and which they always do obviate, when rightly made. Indeed, I think the shoemakers ahead of you in *this* invention. You know it is their business to look "low down," for their *business* is "low down." And you know there are "learned shoemakers" as well as "learned blacksmiths." And *I* know there are "botches" engaged in shoemaking, as well as "quacks" in medicine, &c.; and the former are as bad as the latter. They always manage to do mischief—even in making Congress boots—and the good too often suffer in reputation and business on their account.

Your friend and obed't servant, E. WILLMARTH.

Boston, September 9, 1852.

## THE SUGAR-HOUSE CURE FOR BRONCHIAL, DYSPEPTIC AND CONSUMPTIVE COMPLAINTS.

BY SAMUEL A. CARTWRIGHT, M.D., N. ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

A RESIDENCE in a sugar-house, during the rolling season, far surpasses any other known means of restoring flesh, strength and health—lost by chronic ailments of the chest, throat or stomach. The rolling season is the harvest, when the canes are cut, the juice expressed and converted into sugar. In Louisiana it commences about the middle of October, and ends at Christmas, but is sometimes protracted into January. Not long after the Venetians, in 1471, discovered the art of making sugar from the cane, it was observed that the laborers, engaged in the process, fattened and became more healthy during the cane harvest. The experience of upwards of three centuries, in making sugar from the cane on this continent, proves that the negroes fatten and become remarkably healthy during the rolling season. The health and fattening properties of that season are not confined to the negro race, as some have erroneously supposed. This is abundantly proved by the experience of the sugar-growers of Mauritius, Bengal, Java, the Straits of Malacca, the Philippine Islands, Australia, and many other places where negro-labor is not employed. Leonard Wray, a sugar-planter of British India, of vast experience in the culture and manufacture of cane into sugar, and the author of a standard work published in London in 1848, entitled “The Practical Sugar-planter,” says, at page 21, “The fattening qualities are abundantly shown on every sugar estate in the world; however, as this admits of no doubt, I need not dwell on it.”

It is, however, only at one season of the year, the rolling season, when the operatives on sugar estates are observed to become fat and healthy. This has been attributed to their eating sugar and drinking cane juice and syrup. Inquiry into the matter, guided by the inductive philosophy to aid the mind in the search for truth, will prove that it is not the season of the year, or the sugar consumed, which fattens the operatives, but something within the walls of the sugar-house. The laborers who are not employed in the sugar-house, I have found, from careful inquiry, do not get fat, and are as liable to disease as those on estates where no sugar is made. All the laborers on a sugar estate are divided into two portions—one to labor in the field and to supply the mill with cane; the other to manufacture the juice, after it arrives in the boiling-house, into sugar and molasses. The field hands are engaged in cutting down the cane and hauling it to the mill. They have the cane stalks, abounding in juice, to eat at will, which those in the house have not. As to the sugar and the condensed syrup, neither class of laborers can get access to it, except by permission. Yet those in the sugar-house fatten, while those in the field do not. All improve more or less when they interchange places and each division takes its turn in the sugar-house. Where the time is unequally divided, the laborers who remain longest in the house are the fattest. The white as well as the black, who occupy the sugar-house, during the rolling season, fatten and keep



healthy. The overseers and sugar-makers are generally white men, and share equally with the negroes in the benefits derived from occupying the manufactory. White men, who are engaged in other avocations on the plantation, although the syrup and cane-juice are always at their command, are not observed to fatten.

Not long since, a creole French woman, from La Fourche Interior, whom I had never heard of, came to the city to consult me. She was very lean in flesh. She said that last year I had given one of her neighbors, who was a mere skeleton, a prescription, which had not only fattened him, but had made him weigh more than he ever did. She wanted the same. On telling me her neighbor's name, I remembered the case of a gentleman, very much reduced in flesh, having pain in the chest, sore throat and bad cough, preceded by *hemorrhage from the lungs*, whom I had advised to take himself to the sugar-house, as soon as the rolling season commenced, and remain in it. He did so, and came out of it weighing more than he ever did. I lately advised a distinguished jurist from New York to try the same remedy, as soon as the approaching rolling season commences. He looked surprised, and assured me that my advice was only a duplicate copy of that he had already received from Gov. Mouton, a sugar planter and former governor of Louisiana. His Excellency is not a physician by profession, nor did he learn from me or I from him, but we both, no doubt, acquired our knowledge of the great virtues of the sugar-house in bad colds, coughs, sore throats, dyspepsia, diseases of the heart, and consumptive complaints, in the same school—the sugar-makers, planters and overseers being the professors, and the broad field of nature the text book. But the other day, a planter, the owner of some four or five hundred negroes, applied to me for advice, in the cases of a number of emaciated negroes, chiefly children, to keep them up until the rolling season commenced. On being asked what he intended to do with them then, he replied that he would follow his usual custom of sending all such cases into the sugar-house, where he was very certain they would soon recover their health and get fat. If mere sugar, syrup or molasses would cure such cases, that planter, I know, would have given them enough to swim in, rather than see them sick. On questioning him, however, he attributed great virtues to the clarified juice of the cane, drank *hot in the boiling-house*. I found the same opinion very prevalent in the West Indies, when I visited those islands, several years ago, for a chronic inflammation of my throat. The advice was to visit the sugar-houses frequently, and to go into that department called the boiling-house, and drink the hot clarified cane juice. Sure enough, the remedy, as far as I observed the numerous invalids who adopted it, was so speedy and effectual in giving relief, that I wrote home, that bronchitis, incipient phthisis, dyspepsia and chronic diseases of the liver or heart, of blood origin, could be thrown off almost as easily as laying off an overcoat. I partook in the belief, that the hot syrup or cane juice was an essential part of the prescription. Last December, having a very severe and distressing cough, which, for some weeks, had resisted the usual remedies, I went into a sugar-house, drank a glass of hot cane juice, and stood over the kettles,

called clarifiers, for some hours, inhaling the vapor arising therefrom. The vapor was most agreeable and soothing to the lungs. The fragrant, saccharine aura seemed to penetrate into the inmost recesses of the obstructed lobules, opening its way into the intercellular passages and air-cells, without exciting cough, but removing the obstructions, the cause of the cough. There I stood over the clarifiers, enveloped, for five hours, in a dense cloud of vapor of an agreeable temperature and an aromatic odor; after which I retired to rest and had a refreshing sleep. In the morning the inhalation of the vapor was again resumed, when I returned home, through a cold, raw, windy atmosphere, some ten miles to the city, almost well, without experiencing any inconvenience from the exposure to the cold—the cough and disagreeable sensations of chilliness, smothering and febrile irritation, having disappeared almost entirely.

Having thus struck the trail of a mere induction, I was determined to follow it wherever it led, regardless of pre-conceived opinions. It led to a sugar-refinery, to ascertain whether the vapors therein were the same as those from the clarifiers of a sugar-house. The refinery is a very extensive one, and stands on the ground where the great battle of the 8th of January was fought, about five miles below this city. The inductive philosophy was in pursuit of a more formidable enemy than was there repulsed. The smell of dead men's bones and the fragrant flowers of spring were not more different, than the vapors of the refinery and those of the sugar-house. Both were saccharine, but the saccharine matter was not the same, or was diffused through the air in combination with substances very different. In the refinery, inferior sour sugar, from frost-bitten or damaged cane, was undergoing the process of purification. The planter, who accompanied me, visited the refinery to dispose of his inferior and uncrystallizable sugar. The vapor was oppressive and disagreeable, while that arising from the clarifiers of the juice of rich ripe cane in the sugar-house was most delightful and soothing. Something, therefore, besides mere saccharine matter is the remedial agent, or all saccharine matter is not the same.

The induction next led to the cane, to ascertain if the juice of all canes be alike in emitting a vapor carrying healing on its wings, when subjected to the process of clarification. It was found that the vapor, from the boiling juice of different canes, differed very essentially; that from badly frost-bitten cane, after a thaw, being almost irrespirable; and that from cane which had taken the second growth from too much heat and moisture, was found to emit a disagreeable odor when heated in the clarifiers. If the cane, after being frost-bitten, be ground and the juice extracted, before a thaw, the vapor arising from the clarifiers of the juice, when heated, could not be told from that which had suffered nothing from the frost.

In order to pursue the induction further, the sciences of botany, organic chemistry and micrography must be called in to clear the way. The latter of these sciences declares that it sees with its glasses crystallized sugar deposited on the lining membrane of the cells, where the saccharine matter, like fruit, is deposited. Botany teaches, that each joint of the cane plant has an organ in the shape of a leaf, from three to six fee



long, which presides over the sugar-making process of that particular joint. On the perfection of that leaf depends the quantity and quality of the sugar deposited in the cells of that joint. The leaf of any joint, on being stripped off, puts an immediate stop to the plastic organizable sap distributed to that joint, but does not affect the rest. Organic chemistry shows, that the bursting of the cells, from a thaw, intermingles the crystallizable saccharine matter with the nitrogenized principles in the plant, thereby giving rise to a viscous fermentation, and that uncrystallizable sugar is the product. It further shows, that a solution of crystallizable sugar rotates the plane of polarization of polarized light to the right, whereas a solution of the product of fermented cane juice rotates the plane of polarization to the left. No chemical process can ever make good sugar out of it. Yet it can be converted, in the refinery, into *glucose* or grape sugar, and made to assume a crystalline structure, and moreover to rotate to the right as in the first instance. It is essentially different, however, from good cane sugar. Alkalies destroy it; because it is united with an acid. But alkalies have no effect upon good cane sugar, although some of them form compounds with it. Strong acids do not act upon glucose or grape sugar, but they speedily destroy good cane sugar. Sugar, made from the uncrystallizable product of fermented cane juice, from beet roots, and the black substance called *goor* in the East Indies, instead of being dignified with the appellation of refined loaf sugar, might more properly be called the tooth-decaying, worm-breeding, scurvy-giving sugar; while that made from the juice of good healthy cane, should be called the tooth-preserving, worm-destroying, anti-scorbutic and nutritious sugar. Certainly, the latter has proved itself to be a good dentifrice, and is known to destroy worms and to cure the scurvy.

It is to the cane juice, from which the latter kind of sugar is made, that the induction leads us to look for the remedial agent existing in the sugar-house, so beneficial in bronchial, dyspeptic and consumptive complaints. A tenuous vapor, of an agreeable, aromatic odor, hovers constantly over the heated juice in the clarifiers. It is demulcent, saccharine, and grateful to the respiratory organs; causing no oppression or feeling of constriction, as other smokes and vapors so often do, but the lungs seem to expand and drink it in with avidity, as the roots of plants respire the moisture of the earth, impregnated with azotized bodies after a shower. What humus is to vegetable substances, the elements contained in this vapor would seem to be to man.

To follow up the induction, and to ascertain what are the ingredients held in solution in this vapor, chemistry will have to be interrogated. It declares them to consist (besides the sugar and water) of lignin, gluten, green fecula, wax, gum, bi-phosphate of lime, and other saline matters. Ten gallons of Louisiana cane juice, sent by Mr. Forestall, of this city, to Dr. Ure, yielded  $5\frac{1}{2}$  ounces of saline matters, consisting of the acetate, sulphate and phosphate of potass, chlorure of potassium, acetate of lime and silica. He examined it with reference to the saline matters alone. One of the saline substances found by Dr. Ure in the unclarified juice, the chlorure of potassium, has been used by Köhler and Christison in phthisis pulmonalis, prosopalgia, &c. Gluten or vegetable albu-

men, in its various forms of zimome, gliadine, legumine, fibrine, caseine and diastase, is also found in the juice. When alkali is added and heat applied, the gluten coagulates and rises to the surface in a thick scum. The green wax, or coloring matter of the juice, contains chlorophyle. The gum is in the form of mucilage. The above-mentioned matters contain within themselves all the elements of fermentation. They are what are called skimmings. In Louisiana they are thrown away, but in the West Indies they are turned to profitable account in making rum. The induction bids us follow them up, to witness their effects in combination out of the body, to give some idea of what the respiration of the same combination of substances in the form of vapor, could be expected to produce, when applied directly to the lungs. In the West Indies, Jamaica for instance, the skimmings, precipitates and washings from the boiling-house, are conducted into a reservoir in the distil-house. The alcohol is extracted by distillation. The compound mixture loses nothing but the alcohol. After the alcohol is extracted, it is left to ferment in what is called the dunder-pond. It is then called *dunder*, from *redundar*, a Spanish word meaning *to contribute*. When clarified, dunder is a light, clear, slightly bitter, aromatic liquid, which is always best when fresh and free from acid. In a mixture of molasses it has the same effect as hops in wort. "Dunder," says Leonard Wray, author of "The Sugar Planter," "is an aromatic substance, which modifies the changes or transformations taking place during fermentation; it increases the density of the liquor [molasses and water], preventing violent fermentation, and keeps the liquor comparatively cool in temperature and slow in motion." The vapor, from the cane juice of the clarifiers, arises from the identical substances which enter into the composition of dunder, and in addition, is mixed with a large proportion of good crystallizable sugar. The drinking of the hot clarified cane juice in the sugar-house, supposed to be so effectual in fattening the laborers and invalids during the rolling season, is shown by the induction to be connected with another circumstance of much more importance than the mere heat of the saccharine fluid imbibed. To get at the hot cane juice, as it runs from the clarifiers, the vapor arising therefrom, containing all the elements of dunder, besides a large quantity of pure saccharine matter, must necessarily be breathed and applied to the whole surface of the bronchial tubes and air-cells of the lungs, from fifteen to twenty times every minute.

The induction we have been pursuing has led us to a polypharmaceutical compound in the form of vapor, containing all the elements of dunder and sugar, diffused, like a cloud of incense, through the boiling-room, as the efficient agent in giving health and flesh to those who occupy the sugar-house. Experience proves that this compound vapor cures catarrhal, bronchial and some dyspeptic affections. There is also some evidence in its favor as a curative agent in phthisis pulmonalis. Will it be too much to hope, that further experience may discover that it promotes the cicatrization of tuberculous excavations, and heals ulcerations of the mucous surfaces of the tracheal passages? But there is already sufficient evidence to show that it is an antidote to that acrimonious dis-



position of the humors, so often the cause of phthisis. It also soothes that morbid irritability, the cause of consumption in many constitutions. Andral relates a few cases, in which the absorbents of the lungs were found loaded with tuberculous matter. May not dunder and sugar, in the form of vapor, stimulate the absorbents to remove tubercles? Dr. Turpin, a deservedly-popular French physician, of this city, has collected much evidence in favor of the opinion that tubercles are of animalcular origin. Fresh dunder and good crystallizable sugar are destructive to the inferior orders of the animal creation. Thus, according to Carminati (*Opus Therap.*, Vol. I.) (confirmed by Magendie), sugar destroys toads and lizards, whether given internally or applied externally. May we not hope that the plant, which Dr. Rush prophesied was then growing somewhere or other in the valley of the Mississippi, of sufficient tonic and nutritive properties to cure consumption, has at length been found? And is not that plant the very same, which he and his friend Anthony Benezet were so much afraid would depopulate two continents; one to get land, and the other to get negroes to work it?

Many persons in the South are greatly benefited by a few weeks residence in the North. There are fully as many North, who would be equally benefited by a residence on the sugar plantations of the South. An interchange of visits between the two, would not only serve to promote the health of each, but to diffuse information and to strengthen the friendly and political relations of both.

Mechanics, such as coopers, brick-masons, carpenters, engineers, smiths, and even common laborers, if well recommended for sobriety, industry and morality, could always find employment, at good wages, on sugar estates in the rolling season. Louisiana and the South generally would be a much better climate than the West Indies, or southern Europe, for consumptive patients, if it were not for occasional spells of cold, wet weather. Patients could avoid all bad weather by confining themselves, at such times, to the sugar-house, where the temperature is nearly always the same, night and day, and the dampness of the external atmosphere is excluded by the processes of sugar-making. If a cure were not effected by the expiration of the rolling season, the West Indies could be reached in three or four days. The dry season does not begin there until January, and until then it would not be proper to go. It is a great error to suppose that the same plant does not arrive at the same perfection in the southern portion of Louisiana and the States in the same latitude, as it does in the West Indies. This idea is founded on the circumstance that it does not form seed. The seed never matures sufficiently anywhere to reproduce the plant, either in the West Indies or in Asia. The cane, like the cotton plant, requires, in the latter stages of its growth, a little cold, dry, frosty weather to make it mature and to prevent its taking the second growth, which it is so apt to do in tropical climates from too much heat and moisture. The cold nights and hot days of our October and November are alike beneficial to both plants. Hence in quality and quantity the southern States of our confederacy can excel the whole world in making sugar and cotton; for the simple reason that the soil, climate and seasons are better adapted to the full maturity of the cane and con-

ton plants than any other extensive region the world over. The difficulty, in Louisiana, with cane, is the want of sufficient laborers in harvest time, known here as the rolling season, to get in and grind the crop in due time; also in the imperfection of the machinery and a want of practical chemists to superintend the sugar-making processes. Sober, moral and industrious white laborers are more respected in the South than in any other land—which is somewhat contrary to the received opinion at the North, drawn from the estimate in which drunken, vicious and worthless laborers are held. No sensible planters would have such on their plantations, to demoralize and corrupt their negroes; but they are sometimes compelled to employ such or none, for some special purposes. Mechanics, artisans, and men of invention and genius, properly recommended, would find no difficulty in gaining admission and employment on sugar estates.

How long the vapor arising from the clarifiers of the cane-juice, should be breathed to effect a cure, would depend on the nature of each individual case. A day or two, or a week or two, might be sufficient for some, while the whole season of sixty to ninety days would be required in other cases. The *modus operandi* of the respired vapor is an interesting question, but would occupy too much room for this paper, already too long, I fear, for the reader's patience; as it would lead into an investigation of the effects of respiration on the assimilating functions under the light afforded by the Willardian or American discovery of the motive powers, which produce the circulation of the fluids. But when the physicians of young America are prepared to throw off the chains of old, non-progressive, dogmatical Europe, and get tired of following in the wake of the destructive march of phthisis, exploring mere effects with the stethoscope, but are ready to face about to grapple with the original cause of the most fatal malady of the master race of men, they may calculate on my feeble aid, if living.

144 Canal st., New Orleans, Aug. 19, 1852.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 15, 1852.

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*Tape-Worm Specific.*—Soon after the simple orgeat of pumpkin seeds was announced as efficacious in the expulsion of the tape-worm, and cases of successful treatment had multiplied sufficiently to establish the reputation of the remedy beyond cavil, trial was made in Greece, with the most gratifying results. To-day we beg leave to call the attention of medical gentlemen to several cases communicated by Dr. De Forest, of Syria, whose communication on the state of medicine in general in that country has been crowded out of the Journal to-day. That one dose should have relieved a patient of sixty feet of tape-worm, is enough to convince the doubters. The Othamites, a race of men occupying the table lands on the mountains between Mexico and Toluco, suffer more from intestinal worms than any other people with whom travellers have had intercourse. Deaths are common among them from an enormous accumulation of worms, which



perforate the walls of the intestine and enter the abdominal cavity. It is worth recollecting that these people exist almost exclusively on vegetable food, without salt. But for ages they have had a pleasant remedy for the great affliction alluded to. It consists simply of an orgeat made of melon seeds. In holy week, the Roman Catholic priests turn their authority to good account, the church not permitting any but this and similar beverages to be used. In that way, a special benefit is secured in regard to the public health. Dr. De Forest might, perhaps, fall back upon melon seeds, which are abundant nearly the whole year round in Palestine. We also urge upon our medical friends not only to pursue the same course, but experiment still further, since it is quite probable that greater success awaits the trial of the Othamitic agent. The following are the remarks of Dr. De Forest on this subject.

“DEAR DOCTOR,—The several packages of the Boston Medical and Surgical Journal came, and in one of them I found a recommendation of pumpkin seeds for tape-worm. This pest being extremely common here, I determined to make trial of the new remedy. A young lady in an American family had taken various drastics, with partial relief, and used turpentine with calomel, with no better success. She took the seeds, according to the directions of your correspondent, early in the morning. In a few hours the worm began to pass alive and in enormous quantities, without much other evacuation of the bowels. A dose of senna given at noon evacuated the bowels of much fecal matter and masses of dead fragments of the worm. The head was noticed among the longer fragments. The estimate made by the people of the house, who are very intelligent and careful observers, is that not far from sixty (60) feet of worm were passed. Mentioning this case to Dr. Kelley (formerly resident at Madeira), he tried the remedy in the case of an Englishman, who got rid of some 20 to 30 feet of worm, including the head. He reported a second case, where some 15 feet were passed; and a third, where but a yard of worm came away. The dose, I think, was not repeated in any of the above cases. I have tried the pumpkin seeds in several other cases, until we have almost exhausted the stock to be found in our small market. Another year we shall have the means of more enlarged experiment. In no case has this simple remedy failed, in my hands, of procuring greater discharges of the tape-worm, and that with less disturbance of the system, than any other remedy I have used. I commend it to the profession.”

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*Medical Association of Missouri.*—On reading the admirably reported transactions of the brotherhood in Missouri, it was gratifying to perceive the harmonious organization of the Association. Not many years ago, Missouri was contemplated as the western boundary of civilization; and now it presents all the energies of the other States, both in its intellectual resources and domestic economy. Its institutions of learning are excellent, science is cherished, and wealth, comfort and political influence are among the crowning glories of that bright star of the south-west. In April last, commencing on the 19th, the State Medical Association was in session three days, at St. Louis. Besides much business of a local character, and therefore not of sufficient interest to republish here, a series of papers were read by the members on practical subjects, and highly honorable to those who wrote them. Dr. M'Pheeters, the late president, delivered a discourse on the “thorough organization of the profession, as the only feasible plan of bringing about a medical reform.” We like one of the Doctor's

sentiments, as, though not new, it has a bearing on a variety of interests in all the varied relations of society. "*The true theory of our government,*" he says, "*is unquestionably not how much, but how little the people shall be governed; not how many, but how few laws shall be enacted.*" Next follows, a report on Surgery, by Charles A. Pope, M.D. Some of his statistics of the progress of this important branch of practice are encouraging. They show that the greatest achievements in surgery consist in knowing when not to resort to instruments; yet Dr. Pope does not expressly say this. As a whole, the report is most gratifying, and certainly calculated to enhance the reputation of the distinguished author. Dr. Pallen's report on Obstetrics, embraces the current opinions of the day in that department. We should have preferred to have more of the committee's opinion in regard to the origin of puerperal fever. It is one of the mistakes of our native writers, that they are too fond of quoting authorities, when their own experience would be far more acceptable. On the adulterations of drugs and liquors, the report presents no new feature. The fact is, both are hacknied subjects. Books have been multiplied to expose the awful cheats in this line, but somehow the world revolves pretty much as usual, on its own axis, and people purchase pills and powders, and they will do so, let them be ever so injurious. No law can prevent the domestic adulteration of drugs that is so much practised in this country. An essay on Erysipelas, by Dr. Vaughn, contains some excellent suggestions. Dr. Wilcox on the Topography of Boone county, has one essential merit, viz., its brevity. A rare talent, that should always be encouraged, is that of expressing much in a few words. Lastly, we have Dr. Schœneich's communication on Bilious Fever. He is mechanical in the arrangement of each topic, and coolly discusses the subjects of diagnosis, prognosis, causes, pathological anatomy, and treatment. We have been ruminating upon the latter part of the essay, and it would be pleasant to know that every one certainly recovers who is medicated in the scientific manner proposed in this paper. It is pretty evident that the Medical Society of Missouri is not excelled by other Medical Societies. The profession of the State is an honor to the medical character of our common country.

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*Platte River Cholera.*—A communication in last week's Journal, by Dr. Clark, of Council Bluffs, respecting the mortality that has lately characterized the two sides of Platte River, demands the attention of medical philosophers. Medical topographers have an ample field before them, in the far west, for exploration. And where is there more need of minute examination into the causes affecting human health and life, than upon a road so much frequented, and that cannot well be abandoned, notwithstanding the melancholy fact that the way is traced by graves instead of milestones.

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*Saponaceous Dentifrice.*—Several prominent dentists have of late bestowed considerable attention upon the preparation of unobjectionable compounds, which might answer the useful purpose of keeping the teeth in a healthful state, and at the same time dislodge and destroy those parasitic entities which the microscope has detected burrowing on the margins of the gums. Mr. Davis, of Cambridge, was early in the field with a charming soap prepared for the teeth, which is now extensively patronized. The well-determined fact that soaps actually destroy those nations of impercep-



tible beings which build habitations round the base of the teeth, has created a demand that must gratify the manufacturer. Dr. Angell, of Westminster st., Providence, R. I., is manufacturing an article for the same purpose, which is also excellent. Some might give it a preference over the other dentifrices, on account of the finely levigated charcoal which is diffused through each cake. The decided antiseptic properties of charcoal, have long since led to its use in brushing the teeth; but the gritty particles grind through the enamel, in the course of years, and thus tend to destroy the organs the article was intended to preserve. Dr. Angell has obviated that difficulty, for the coal he uses is that of willow, smothered, on being taken from the pit, in a close vessel. No material chemical element is allowed to escape. Next, it is reduced to an impalpable powder. Combined with the soap, in addition to the charcoal, is some detergent ingredient, intended to be equally conducive to the preservation of the teeth. Dr. Angell makes no secret of this composition, asks for no patent, and therefore he will have the entire confidence of physicians, and eventually of an intelligent public.

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*Scald Head.*—Obstinate cases of scald head here at the north, in which ordinary remedies are powerless, induce us to ask what course is pursued south and west in that malady. There are proposed methods of treatment which may have proved effectual occasionally, but the query arises—is there any specific application that will overcome and eradicate the disease? When it seizes the scalp of an adult, and threatens the destruction of the hair bulbs, what course would offer the most reasonable prospect of relief?

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*Miami Medical College.*—Without knowing how or why another school of medicine has been organized in the city of Cincinnati, we have noticed by a circular advertisement that such an one has actually commenced existence. Among the faculty, some will be recognized who were intimately associated with the old college not long ago. Whether there were not accommodations enough in the old college to meet the demands of a great influx of students, or the State, becoming a medical centre, rendered the establishment of another school expedient, remains to be explained. We used to know the exact number of medical schools in Ohio, but we confess our inability now to determine the point.

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*Congress Boots again.*—We publish a communication to-day, from E. Willmarth, Esq., of this city, on the subject of these boots, to the use of which we lately attributed, in the Journal, injurious effects. He states that they are worn by physicians and surgeons generally, and have been recommended by them to those of their patients who have weak ankles, or are subject to swelled feet, dropsical limbs, &c. He represents the tight lacing of which we complained, as not properly belonging to the boot, which is of a yielding nature, and more readily accommodates itself to the foot and ankle than the old fashioned and unyielding strings and laces. We are willing the Congress boots should have the benefit of this explanation; and therefore refer our readers to the communication itself, on a previous page. There is no department of human dress that needs a more careful oversight than the covering for the feet, and we do not consider this matter, therefore, unworthy of notice in a Medical Journal.

*Recommendation of Quack Medicines.*—The following, from a highly respectable American physician in China, is inserted by particular request.

The undersigned learns with regret that his name has been employed in commendation of certain advertised quack medicines. In self justification, therefore, he takes this method of denouncing the liberty thus taken.

*Nimpo, China, May 30th, 1852.*

D. J. MAGOWAN.

*Medical Miscellany.*—Yellow fever and cholera still prevail at Havana, but less fatally.—The American Polytechnic Journal, a monthly, is to be published at Washington, under the editorial charge of Prof. Chas. G. Page and his learned associates. Dr. P. went originally from Salem, Mass. He is distinguished for scientific knowledge. — *Geranium Maculatum* is prepared at Lowell, Mass., and offered in the market as a remedy for cholera infantum and ordinary diseases of the bowels.—A writer in Albany imputes the bronchitis of clergymen to the tight swathing of their necks in white cravats. Others, he says, induce the malady by wearing stiff cravats and starched shirt collars.—This is the way the women resolved, in a late convention at West-Chester, Penn.: “*Resolved*, that the present position of medical organizations, precluding women from the same educational advantages with man, under the pretext of delicacy, virtually acknowledges the impropriety of his being her medical attendant.”—Dr. J. B. Johnson, of St. Louis, is president of the Medical Society of Missouri.—Cholera has suddenly appeared at Buffalo.—Hon. Elisha Huntington, of Lowell, nominated as the whig candidate for Lieutenant Governor, is a physician and the present Mayor of that city.—Mrs. Elliot, of Jersey city, a few days ago, gave birth to her twenty-third child. Both are doing well. The age of Mr. Elliot is 55, and that of Mrs. Elliot is 50. They have been married about 30 years.—Dr. L. J. Czapkay, late Hungarian Military Chief-physician, has established himself in Cleveland, for the practice of his profession.

TO READERS AND CORRESPONDENTS.—We have rarely been so abundantly supplied with original communications as at the present time. They have been pouring in from all sections of the United States, quite beyond the capacity of the Journal at once to dispose of them, and we therefore crave the indulgence of correspondents, where any may happen to imagine themselves neglected. Something is due to priority in the reception of articles; though, as we have before mentioned, other circumstances must occasionally govern the time of their admission into the Journal. While thanking the profession for their continued and unabated interest in the success of this publication, and of the branch of science to which it is devoted, it is gratifying to acknowledge the widely extended patronage it enjoys. By the fair and liberal course which we intend always to pursue, wishing well both to individual and to associated medical enterprise, and always laboring to uphold and enlarge the sphere of medical science, we hope for many more years of uninterrupted social and literary intercourse with those on whose indulgence and support we have so long relied. It is intended to comprise, in the issue of next week, an extra number of pages, to allow space for papers on hand. Among these, in addition to the ones before acknowledged, are the following:—Relations of Climate to Tubercular Disease; On the Study of Medicine in Paris; Southern Climate for Invalids; Treatment of Tape-Worm; Sanitary Retreats for Invalids; Study of Medicine in Dublin; Typhoid Fever and Rheumatism; the Discovery of Etherization; the Use of Chloroform; Recuperation.

*Deaths in Boston*—for the week ending Saturday noon, Sept. 11th, 107.—Males, 54—females, 53. Accidental, 4—apoplexy, 1—inflammation of bowels, 7—bronchitis, 1—disease of brain, 1—inflammation of brain, 2—congestion of brain, 1—consumption, 13—convulsions, 2—cholera infantum, 7—cholera morbus, 1—cancer, 1—croup, 1—debility, 1—dysentery, 4—diarrhoea, 5—dropsy, 1—dropsy of brain, 1—typhoid fever, 1—scarlet fever, 7—hæmorrhage, 1—disease of heart, 1—infantile, 7—inflammation of lungs, 2—disease of liver, 2—marasmus, 5—mania, 1—old age, 2—puerperal, 3—scrofula, 1—throat disease, 1—teething, 13—thrush, 1—tumor, 1—rheumatism, 1—unknow, 1—worms, 2.

Under 5 years, 67—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—over 60 years, 6. Americans, 43; foreigners and children of foreigners, 59. The above includes 7 deaths at the City institutions.



*New Theory of Tubercular Deposits.*—Dr. M. Troy, of North Carolina, has written quite an interesting article upon tubercular deposits, in which, after a brief account of the opinions hitherto advanced in relation to the pathology, he adds :

"It now remains to state my own views of the nature of this deposit. It is with the greatest diffidence that I attempt what some of the greatest men who have ever adorned our profession have failed to accomplish, through a long life of patient toil and investigation, devoted to the subject. But they have cleared the way, and but little is left to do now but advance upon the smooth road they have made.

"I consider tubercle to be the solid matter of the cutaneous excretion, especially of the sebaceous follicles. This secretion not being expelled by the natural emunctories, is retained in the blood until, in the attempt to eliminate it through an unnatural channel, it is deposited in some other excretory organ, where its fluid matter being absorbed, it becomes a tubercle."

Dr. T. then goes on to prove "that the secretion of the skin is of sufficient importance to produce this effect when retained," by a reference to its quantity, its constituents, and the acknowledged deleterious effects which follow its suppression or imperfect elimination, as well as the morbid condition of the skin in various affections in which this morbid condition is usually regarded rather as a complication than as a *cause* of the more obvious disease.—*Southern Med. and Surg. Journal*.

*Discoloration by topical use of Nitrate of Silver.*—At a meeting of the New Hampshire State Medical Society, held in June last, a clergyman was introduced to the Society, whose skin had been deeply stained by the topical application of nitrate of silver. The change of color did not appear until after the protracted and profuse application of it. The relief experienced from its use was so great that, though cautioned as to its effects, he continued to use it, and said, "if it is necessary for me to use it to enable me to speak, I shall do so, though it makes me as black as a hat." He is otherwise in good health. None of the means used have had any effect in removing the color.—*New York Medical Times*.

*Lupus Cured by large quantities of Cod-liver Oil.*—L'Union Medicale relates, on the authority of another French Journal, a case of lupus which was admitted into the hospital of Ghent; the disease had attacked the face and chest, and was of long duration. The patient at first took half a pound of the oil twice a day; this quantity was gradually increased to three pounds daily, with occasional interruptions when it disagreed. Generous diet was at the same time allowed, and the ulcerated spots were touched with tinct. iodine, lemon-juice and nitrate of silver. In about seven months the cure was complete. About 265 pounds of the oil had been taken.—*Ibid*.

*Bromohydric Ether—A new Anæsthetic Agent.*—Some experiments have been recently made with this substance on birds, etc., and M. Ed. Robin, who conducted them, is satisfied that it will prove an excellent anæsthetic agent. This preparation of ether is without taste, and possesses an agreeable aromatic odor; and, when taken by inhalation, produces rapid etherization, without any subsequent suffering or distressing symptoms.—*Journ. des. Connaiss. Med. Chirurg. and Charleston Med. Jour.*

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A CONSIDERATION OF SOME OF THE RELATIONS OF CLIMATE  
TO TUBERCULAR DISEASE.

BY W. J. BURNETT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are two prominent facts which have made the subject of the climatic relations of tubercular disease, one under active discussion among the medical men of this country and Europe during the last few years. .

These are : first, the almost alarming increase of disease of this nature ; and, second, the facilities of travel, so that climate can be easily and cheaply changed. The time has been when only a few thought about distant travel for health. But now, almost every one who at all values his life, can easily put himself in a more genial atmosphere and beneath an almost cloudless sky. With the attention thus directed, the questions are —*what* climate is to be sought ; and what are the reasonable expectations as to its effect upon tubercular disease ?

Of late there has been published quite a number of works upon the climate of those European and insular countries hitherto quite celebrated as resorts for invalids of this character ; and, as the most dissimilar views have been advocated, there has arisen much confusion among medical men as to the correct answers of the questions above referred to. Some, in fact, have become thorough sceptics as to the benefit of any change of climate out of the latitude in which the invalid has been accustomed to live.

From among these works recently published may be mentioned two, viz., that of Dr. Pollock, appearing in the London Medical Gazette of last year ; and that of Dr. Burgess, not long since separately published. Both are upon the climate of Italy, and are well calculated to lessen the enthusiasm of invalids for a land which has always been made more sunny by the pens of poets than the favor of nature. I have no doubt that the conclusions of these men, and especially those of Dr. Pollock, upon the climate of southern Europe, are correct in the main ; and as they were addressed to the English people, will no doubt lead many English physicians to hesitate before advising their usual migration.

But in this country, a misapplication and sometimes a misinterpretation of these and similar opinions, has led very many physicians to be



quite sceptical as to the real benefit to be derived by northern invalids, from a change of residence into the southern and more sunny States. This scepticism seems to be yearly increasing—and there can be but little doubt that it is as mischievous as it is really unfounded. It is certainly quite desirable that clear and distinct opinions should be entertained by northern physicians upon a subject fast getting to be one of such paramount importance. I make this remark, because I think that the reason of their doubts of climatic influence, is plain ; in other words, that the cause of their unfortunate experience is becoming well understood. It is, that the climate has not been thoroughly tried. To make a clear and full statement of the whole matter, I will say that I am convinced that the shifting migratory course, South in winter and spring, and North the rest of the year, usually advised and followed, is an erroneous and mischievous one ; and that if a northern consumptive can reasonably expect any benefit from this change of climate, this benefit will be obtained only from a continued southern residence for several years.

There is a grave error in thinking that, if one goes South in late autumn, and remains there until late spring, and then returns North to pass the summer and early autumn, he keeps himself in the train of favorable climatic influences. It is not so ; and the error is concealed in the fact that a summer at the North does not make a southern climate. This leads me to some considerations upon the peculiarities and differences of the northern and southern climates of this country.

As to the New England climate, it seems quite clear, that, taken as a whole, there is something in it highly predisposing to the development of tubercular disease. Not only do we see this disease here constantly peering out from hereditary predispositions, but the cases are quite numerous in which it seems purely indigenous, being engrafted upon an untainted stock. It is true that this may be said of other countries having an intemperate climate, but very far from the extent of what I think is true of New England. Statistics can be produced to show, that, take the whole year through, pulmonary diseases—inflammation of the mucous membrane of the air-passages—constitute a very large proportion of the disease. In fact, the tendency of disease here seems to be quite towards the pulmonary organs. Aside from the evidence of general observation, this statement has a very significant support in the fact, that in cases presenting some obscure aspects, the suspicion of the intelligent physician is quickly fastened upon the lungs, and an examination of the chest is made ; thus showing that where outstanding local or temporary causes are absent, one is almost unconsciously led to suspect insidious disease referable to ever-constant general agencies.

An unequal fluctuating climate, in any latitude, tends to produce these effects. But the climate of New England, besides having this inequality and diversity in a very marked degree, possesses other characteristics having a great influence. Its atmosphere is dry and stimulating, and during the greater part of the year of a low temperature considering the latitude. The effect of such an atmosphere upon a sound constitution is highly bracing, leading to a mental and corporeal activity quite inconsistent with endurance and longevity. It is probably not an incorrect

opinion that many of the moral and physical peculiarities of New England people, included under the terms enterprise and action, may be traced to these agencies.

In such an atmosphere, the constant vicissitudes of temperature render the functions of the skin imperfect, thus increasing the liability of congestions of the mucous membrane; and this mucous membrane, from the fact that it is ever in contact with an irritating medium, is generally that of the air-passages. On this account, mainly, the urgency of these conditions is considerably lessened by the use of flannel next to the skin; the importance of which, worn in summer as well as winter, is now well recognized.

On the whole, New England climate has little in it that is sedative at any long season of the year. The winters are broken and unsteady, especially so on the sea-board, and it is only in the northern inland portions that there is that constant cold which has a far more favorable influence. The character of New England spring weather is too well known to need comment. Nothing could be more uncertain and less reliable. The months of May and June frequently change places, and one is not sure of warm weather until into July. As for the summer months, it is a great mistake, as I have before said, to suppose that they furnish a climate like that of the South. There is, to be sure, heat enough, but it is unsteady, and during July and August the thermometer not unfrequently falls  $30^{\circ}$  or  $40^{\circ}$  in a few hours. Intensely hot as it is frequently in mid-day, yet at midnight, if one is exposed, it is rare that over-clothes are not the more comfortable.

But a fact more significant than all the rest as to the influence of our summer weather, is that our consumptives do not generally improve in it; on the other hand, they lose ground. This is generally attributed to the depressing influence of the heat. No doubt there is much in this, for the heat is here often very intense; but more is probably due to the sudden and wide changes of temperature. That this is the correct version of the matter, would seem to be indicated by the influence of our early autumn weather, which is far the best and most genial we have. There is generally a season, commencing about the first of September, and continuing until the early frosts of October, when the weather of New England may be said to be truly fine. The atmosphere is warm and dry, presenting a hazy, quiet aspect, and the light wind is generally from the W. or S.W. It is then that we have those dreamy days that come and go so quietly as scarcely to leave a ripple-mark—reminding one of the sunny skies of the pine-lands of Georgia and South Carolina. Every one, and especially those out of cities, has felt the soothing, sedative influence of this weather.

It is well known that during this weather, our consumptive and other pulmonary invalids improve. The functions of their skin are more active, and the urgency of the cough and all the other pulmonary symptoms is decreased. The expectoration is less purulent, the appetite improved, and the spirits, strength and flesh increased. In many instances the improvement is as unexpected as it is remarkable—and there is often



a melancholy pleasure in thus observing this temporary improvement, brightened as it always is by the patient with a thousand delusive hopes.

This short season is the only weather in New England with which I am acquainted, that is really favorable to consumptive invalids.\* And in its favorable influence, and at the same time in its resemblance to that of the pine-lands of the South, there may be drawn something more than a hint as to the real agency of southern climate upon diseases of this nature. But broad as this hint is, it is not usually taken; or if so, not in time. For many invalids in the second stage of consumption, improved as they have, do not perceive the wisdom in taking means to continue in this same climate, but delude themselves with the hope that they will be well enough to remain North during winter; or, if they conclude to go South, defer it until they are obliged to, having two or three "colds upon their lungs."

The peculiarities of a southern climate, as bearing upon its benefit to consumptive invalids, are far from being referable alone to its elevated temperature. I refer here to the alluvial and pine-land portion of Georgia and South Carolina. It has other characteristics, which, though less well understood, are not the less important as to effects. The atmosphere has a decidedly sedative, soothing influence, which, due to whatever causes it may be, has a very desirable effect upon the mucous membranes of the air-passages—and this effect, once commenced, is not likely to be disturbed by sudden vicissitudes of temperature. There the general tendencies of disease seem to be changed; and that, too, from the thoracic to the cutaneous and abdominal organs; and it is through these changed relations that the cure is to be effected. But a fact more worthy of notice than all the rest, is the almost complete exemption from phthisis of the native inhabitants of this section of the country. It is true that consumption is there found; but a careful inquiry has shown that in almost every instance it had been immigrated either directly or indirectly. Other diseases, such as those of a miasmatic character, those of the intestinal canal and its appendages, seem to exist in the place of those of a tubercular nature; and were we better acquainted with that curious yet important subject—the *antagonism of diseases*—we might, perhaps, better understand how these relations are effected.

That these relations of disease are based upon climatic influences, might be here shown in many ways; but I will mention one fact, observed by myself, which is quite indicative. In northern and upland Georgia, the soil and aspect of the country quite resembles that of New England. There, as in New England, the primitive geologic rocks appear; and it has for a long time been remarked, that nowhere South is the climate so much like that of New England as in this section. The diseases follow in the same train, for they are preëminently those of the

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\* The fine weather of a New England June has always been insisted on and highly recommended. But of late years this does not appear to have been true—for it has been unsettled, and often colder and more uncomfortable than May. If one can trust the testimony of elderly people, it would seem that in this and other respects, the climate has changed very perceptibly in the last quarter of a century. Now, they affirm, the winters have not that steady severe cold as formerly, but are more open and broken, running into the spring; and this last, in its turn, usurping a portion of summer.

pulmonary organs. Consumption, lung fever, bronchitis, are common, and this, too, at the apparent exclusion of the diseases of the low and pine-land regions.

An additional fact of the same bearing, and which may here be mentioned, is, that, even in the pine-land country of upper South Carolina, a very severe winter (as the last, for instance) is quite productive of pneumonia or lung fever with those inhabitants living on creeks or in damp spots. The construction of their houses is little calculated to shield them from the adversities of cold and damp; and thus situated, it is rather a noticeable fact, that the disease assumes an acute form, exactly as is true of the Irish of New England, in whom tubercular tendencies are not common; whereas, among our native inhabitants, acute pneumonia is rather a rare disease, the pulmonary affections being generally of a more chronic and insidious nature.

If such are the influences of climate upon comparatively healthy constitutions, we should naturally infer that its tendency would be towards arresting the development of tubercular disease, and favoring that condition of the general system leading to a permanent cure.

That this is so, I fully believe, and think it can be tolerably well shown, imperfect as the state of inquiry has hitherto been.

But if we sought proof in the results of migratory invalids, our case would truly be a poor one. If climate is to work a change, it is foolish to expect that that change will be effected unless the individual gets acclimated. It is, therefore, to the results of those cases of tubercular disease where the residence has been permanent, that we are to look for a correct version of the matter.

In my intercourse with many intelligent physicians at the South, many cases were described to me, in which individuals from the North, having phthisis in its first stage, had taken up their permanent residence there. Their pulmonary symptoms gradually disappeared, and now they are quite free from them, enjoying a very fair share of health. In the same manner, also, several cases were described to me, in which the disease had far advanced in the second stage—a cavity or small cavities having been produced in one of the lungs. These individuals remained there permanently, settling down into a quiet life. They recovered so as to enjoy tolerable health—the cure taking place, as indicated by physical signs, much in the way Laennec has described, by the partial cicatrization of the cavities, which yielded a blowing, dry, amphoric sound. In one of these instances the young man felt so much restored after a few years, that he hazarded a return to New England for a permanent residence. But in less than a year he was seized with a violent and unexpected hemorrhage, and died soon after of ordinary phthisis.\*

It is to be regretted that statistics upon this subject have not been made out; but as the matter now stands, the conviction left in the mind of the medical inquirer and observer is full and clear.

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\* In citing these facts, I trust I shall not be misunderstood. I am very far from advocating the doctrine that all who have consumption in the first and second stages, can get well by living permanently at the South; but I do advocate that if benefit in these cases can be reasonably hoped for by this change of climate, this change should be permanent.



There is another fact, vouched for by an intelligent physician of Georgia, and which should be mentioned in this place. He affirmed to me that the negroes of Maryland and Northern Virginia, affected and broken down by pulmonary trouble, and perhaps scrofula, as shown in enlarged glands, &c., if sold to the Georgia and other far Southern planters, soon improved, losing their symptoms, quite often recovering, and growing strong and fat.

I was also struck with the fact of the long duration of phthisis with those negroes of the South, who, from quite ill conditions of life, had contracted the disease. It seemed to run a light, lengthy form, although perhaps fatal in the end. I recall to my mind one instance, where I examined the chest of a negro having tuberculosis of the apices of both lungs, and a cavity in the left one. To the physician with me I declared that he would die in three months. But he affirmed that he would live two to three years, and that, as property, this probability of life would be admitted.

But I need discuss this matter no farther. It now remains for me, in conclusion, to make a few general remarks.

The view I advocate is, that if a consumptive can reasonably expect benefit from a Southern climate, his residence there must be permanent and not migratory.

Besides the arguments already adduced in support of this view, it may be worth while to notice the testimony given me by those physicians residing in the winter resorts of Northern consumptives. Generally, they say, they (the invalids) do not arrive there until actually driven by the cold weather of the North. As soon as the warm, delightful weather of April has come, and they are, if at all, in a fair way for permanent improvement, they are uneasy about their return North; and the occurrence of two or three quite warm days in succession, soon settles their determination. By early May they have left, looking much better than when they came. The ensuing winter they appear again, but it is evident they have lost ground during their absence; they return home again in early spring as before, and here often is the end of their migrations. Others, having the disease in a more chronic form, appear regularly for many years; but at last are not seen or heard of again.

I am aware that invalids, on going South, expect too much in the way of climate. They picture in their minds cloudless skies over a land of the cypress and myrtle, and which will immediately effect their restoration. I need scarcely say that in this they are doomed to disappointment; and so will it always be, until the opinion is fully recognized—that it is not sunny skies that will alone benefit them, but rather a continuation under the aggregate of the influences of the climate.

At the present day numerous objections are raised by Northern physicians against this Southern migration. One class disapprove of it on the ground, both of the incurability of the disease, and a disbelief in warm climate, based upon an ill-digested theory, partly chemical and partly medical. Another class, and much the more numerous, although avowing a belief in Southern climate, nevertheless quite object to the migration on the ground of humanity. They cry out against what they call

the cruelty of sending people away from the comforts and attentions of home—and that too with a wide possibility to die among strangers. In its place they advise the patient to remain among the comforts of home—occupying a large chamber, which by various arrangements is to have a Southern or summer atmosphere!

There is some force in a part of this objection, for sometimes there is great inconsiderateness in urging patients away. But, taken as a whole, it is not valid. Certainly no judicious person would advise the going away of a patient unable to bear the journey, or whose end is not far distant. But the conveniences of modern travel have taken away the former terrors of the transit. The journey now is easy and of short duration, and with mail and telegraph one can feel quite near home. With these conveniences there seems little necessity for the immuration of an invalid in a chamber—obliged all the while to take sedative medicines for cough—and however many and complete the home-comforts, yet in a fair way to depress the nervous system, and enervate the whole body.

In no disease is there so much danger of over-medication as in consumption. Experience has shown, that as a disease primitively of the nutrition, our object must be to strengthen the nutritive function, and to spare every unnecessary dose of medicine into the stomach, the tone and power of which, must be carefully nursed by proper food. I need scarcely say that these relations cannot be carried out by a winter's residence at the North, however favorable the circumstances.

In cases where the symptoms are not immediately threatening, and the patient has remaining considerable physical power, so as to be about in an easy way without fatigue, it will generally, I think, be judicious to advise, at least a winter's residence at the South, where one can be under the influence of pleasant days, and drink in balmy air instead of cough mixtures.

As to a summer's residence at the South, beside the objection of its being unnecessary, there is another generally urged—the enervating effect of its excessive heat. This objection is not well-founded, and rests more upon ideas of a more southern latitude than any thing else. As to degree of heat, the mercury certainly rises higher in the New England than in the Southern States. For in these last it rarely exceeds 90°, even in the hottest season. It is true that the hot season is long, and, in the low sandy regions, its effect is quite depressing. But possessing such a variety of climates as does South Carolina and Georgia, the invalid need not thus be endangered, for there are resorts midway between the low and the mountainous parts of both of these States, where the summer climate is indescribably fine, having, perhaps, no equal in this or any other country.\*

But in advocating the necessity of a permanent Southern residence for the consumptive, I should be willing to do so only with some exceptions. There is a class of patients, generally of the so-called lymphatic and bilious temperaments, who bear heat badly; and what they gain in a decrease of local symptoms, they lose in general strength. I need scarcely say that

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\* Such is the character of climate of Greenville and its neighborhood in South Carolina, and of Stone-Mountain in Georgia. In fact, there can be little doubt that the climate of both of these States is far better in summer for invalids than in winter.



this class of cases everywhere is the most intractable, and least amenable to treatment. It belongs to the judicious physician to perceive the relations of such cases, and advise accordingly.\* As to variety of climate and climatic advantages, the United States are certainly more highly favored than any country. If this fact is known generally, it is not appreciated. No invalid need cross the water; for in our own borders, among our own people, who speak the same language as ourselves, we can, by a journey of less than 80 hours, be in a clime certainly not surpassed by any of the old world. Dissatisfied as the English are fast getting with their "sunny Italy," or their "beloved Madeira," it may not be regarded improbable that, when the communication shall have become easier and more direct, they will exchange these for the sunnier spots of Carolina and Georgia.

*Boston, September 13, 1852.*

#### MEDICINE IN SYRIA.

[Communicated for the Boston Medical and Surgical Journal.]

SYRIA, like all the rest of the world, is abundantly stocked with doctors. There are in some of the larger towns European or American physicians, some of whom are thoroughly-educated and scientific men. Most of them are connected with some missionary society, or the Turkish or other government. The London Jews Society has the accomplished Dr. McGowan and Mr. Sandford in its service, at the hospital in Jerusalem. The American Board of Missions has a physician in Sidon, another at Beirut, and a third at Mosul. These gentlemen have taught a young Syrian, who is quite respectable as a physician. The Associate Reformed Presbyterians have a physician at Damascus. There are some Jesuit physicians in the land, connected with the missions of that body of propagandists. The French government has a physician in Beirut, and one in Damascus, who are well paid, besides the privilege of private practice. They report to their government what they find of disease here, for the benefit of science in France, and also to enable the French government to justify its course in shortening the quarantine against Syria. They have physicians also in Smyrna and Egypt, for similar purposes. The Turkish government has a number of physicians in its quarantine and military service, most of whom are Europeans, being Italians, Poles and Hungarians. All of these gentlemen add to their incomes from the Turkish government by private practice among the European residents in the towns, and the wealthier natives.

In addition to these foreigners, there is a small but increasing number of natives who have studied medicine in England or Egypt, or in the Sultan's schools at Constantinople. These gentlemen vary very much in their professional attainments, and from insufficient previous prepara-

\* In this connection I may make a remark having an unrestricted application. It is, that in a disease so precarious as consumption, if an individual residing at the South is doing well, the wisdom of letting well alone and remaining there, should be recognized, however late in spring the time may be. They should not act up to the dictates of a common theory, before they have tested its value in their cases, by individual experience.

tion and other causes are inferior to the European physicians here. There are other natives of good capacity, who by careful observation and thought, and by studying the books printed in Arabic in Egypt, under French superintendence, and by *conversation* with European medical men, so *methodically pursued* as to be no mean substitute for clinical and other lectures, have attained to an amount of knowledge and practical tact which make them highly respectable practitioners. Dr. M. Meshaka, of Damascus, is a shining example of this. Knowing no language but Arabic, he has acquired a sufficiency of knowledge of the sciences of the day to enable him to pass for a well-informed man in any community; and he is a good physician as well as an estimable man. I had no true appreciation of the value of conversation as a means of gaining knowledge, until I saw how much he had acquired, digested, sifted and stored for use in this way.

Descending from these men, we find an ever-increasing number of doctors, with a smattering of medical literature or with none at all. Some have read the French publications, rendered into Arabic in Egypt, just enough to spoil their language by a mixture of French technics, and confound their brains by a glimpse of the modern advance in medicine. Others study the old authors, and gravely quote Galen, Avicenna, &c., as the lights of all ages, to whose authority all must bow. Others study nothing but some pharmacopœia of popular nostrums.

The pressure of other matters keeps me from general practice, and I am often in consultation with all classes, and you can imagine the variety of authority to whose *dictum* I am at different times expected to yield my own convictions. To-day the accomplished Frenchman eloquently explains what he has learned of the state of the patient by careful examination, and almost confounds me into submission to some fancy of Broussais or rule of Louis. To-morrow an untaught Syrian will assure me that opium is a cold remedy, and that all acids injure if the chest be inflamed, and that neuralgia is wind. One asserted that fever is a hot disease, and should have a corresponding, i. e., a hot remedy. Luckily he thought, from the result of other cases, that cream of tartar is a hot remedy, and this double blunder saved his patient and confirmed the doctor in his theories. Another, having a patient with a tremulous quaking of the head, ordered the application of a large stone mortar, which the patient was to wear on his head until the coldness and weight of the stone should still the quakings. In a few hours all were still in death. The favorite, indeed universal theory of this class of practitioners, is that the stomach is the great cauldron where all bad humors are concocted. These ascending to the head are there condensed and stream down (I use their own favorite illustration), here and there causing inflammations in the parts to which they descend. Returning, ascending humors are cold, as scrofula. From this theory the vulgar name for inflammation is *descent*; and if inflammation recurs often in any particular part, the inference is that the humors have *worn a channel* there, and the common practice is to cauterize with a hot iron across the supposed track of this subcutaneous canal. I have seen a thorough burn entirely across the forehead, to cure recurring ophthalmia. The prac-



tice succeeding proves the theory, a very common mode of reasoning even farther West! Actual cautery is used extensively and in every-day practice. Infants are cauterized at the cervix for aphtha. Neuralgia is treated with fire. I have seen cautery carried quite across the abdomen in three parallel lines for chronic diarrhoea; and issues are made by actual cautery, as freely as blisters are used in the United States.

Local bloodletting, as well as general, is practised extensively. Leeches are found in the interior, and are gathered for export in large numbers. Scarification is employed in the case of young children. Often an infant will be put under the razor of a barber, who coolly makes deep or superficial gashes on the calf of the leg or along the back. A stout man with florid face, complaining of headache and giddiness, had a string drawn tightly about his neck until his face became almost purple. A razor was placed on the tip of his nose, and struck sharply with a stick so as to slit the tip of the nose and extract blood, in imitation of nature, who cures headache often by epistaxis.

The surgeons of Syria are generally barbers—many of whom are dextrous in the use of their instruments, which are very few and simple, and crude in form and workmanship. I have a neighbor who has no knowledge of anatomy and cannot read, who has operated for stone with success repeatedly, though not always. Some native oculists operate for cataract by puncturing the sclerotic with a common lancet, and depressing the lens with a probe. None of these men know anything of anatomy, and it would seem that they are guarded from accident by that merciful and wise Providence which so uniformly gives some compensation for the deficiencies which he has allowed. For instance, the circulation of the blood is little known, and that the artery near the vein at the elbow will not cease to give out blood as easily as a vein, is as little understood. They do not open it purposely, because it is not the custom, and I have been able to learn of only one instance in which it was opened accidentally. A native told me that in a fleshy person, where the vein could not be made to appear, he used to feel for the *throbbing vessel* and *plunge his lancet down towards it, because the vein is commonly above it*. And yet he knew nothing of the accident of which most western hospitals can give repeated instances from their own records.

The science of bone-setting is all *knack* here, or innate skill. Bone-setters are often women, or cobblers, and in the the country they are commonly goat-herds who have gained experience by tying up the limbs of the goats which are broken among the terraces and rocks of Lebanon. Short splints, say four inches long, tied tightly about the fracture, are the sole dressing. The extremity of the limb swells, and mischief follows often. I was consulted a few days since by a Druse, whose son, 4 years old, had broken the *humerus* near the elbow. It was bandaged as above described, and as a consequence the fractured end of the *humerus* and the front of the elbow-joint were denuded of integuments, and nearly half the flesh of the fore-arm sloughed off. A man having had a crooked fore-arm result from such treatment, consulted his doctor, who told him to have it broken again and re-set. He consented, but the

another found the bone strongest at the old fracture, and broke both bones between that and the wrist. The result was a double curve, but unfortunately the second was not so contrived as to compensate for the first.

Teeth are extracted with the simplest forceps; and the only filling of teeth I know of, is by a priest, who first pulls the tooth, then fills and restores it. Indeed, we residents often wish that a good dentist, fully equipped, would visit the holy land, and take Beirut in his way.

Had Syrians the anatomical and other knowledge requisite, they would be no despicable surgeons. They are dextrous in all manipulations they are acquainted with, and are acute and prompt in their reasonings and decisions. Their fathers had a name in our profession, and the sons of this generation need but the means and the opportunity in order to take their place among the lights of science, as in the days gone by.

*Beirut, Syria, July 3, 1852.*

HENRY A. DE FOREST.

## DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 115.]

HAVING thus commenced at the distant extremity of a long series of causes which we believe predispose women to the affections under consideration, we will take up in succession some more immediate. In the class to which we have hitherto confined ourselves, viz., those acting upon the general system, we must enumerate those offences against the laws of physiology which are often so habitually committed that their flagrancy is not only not suspected, but very difficult to be demonstrated to the offender.

It would be impossible, without giving a separate chapter to the subject, to enter into all the particulars of these—nor, indeed, unless we were writing a treatise for the people, would it be necessary. We will therefore only enumerate the heads under which such offences are found.

There are, as the chief ones—diet, exercise, ventilation, thermal condition, and clothing.

Upon the first and second we imagine we can say nothing that the reader does not already know, and, indeed, which is not already threadbare from repeated reiteration in almost every popular work on health. In ventilation, or rather in a want of proper ventilation, we still find offences committed that many practitioners, grounded *theoretically* in the subject, do not fairly estimate. Bed-rooms are, but in a very few instances, ventilated as they should be; even in the largest houses and with the most intelligent. With those in humble life, the fault in this particular is still greater. The consequence is, that many are habitually deprived for one-third of their whole life of the proper amount of pure air necessary to renew and render nutrient the blood, a deprivation that must be powerful in its effects to break down the tone and elasticity of the system, and which of itself seems to us a sufficient cause for the gaunt forms and white faces so common amongst us. The same want of ventilation is found to as fully great a degree in most of the workshops of female operatives, at least during the winter time, when dozens may be found occupying one room, of itself far too small, and heated by a close stove.



In the thermal condition in which we keep ourselves, we think the fault two-fold. Houses are heated too highly—and the difference between our in-door and out-door garments is not in any degree proportionate to the difference in temperature. From the first fault, an unduly rapid yet feeble circulation, and a lax fibre of body, are acquired—two conditions highly favorable to engendering the diseases under consideration, particularly when the individual is, as is often the case, exposed to such influences day after day without any out-door exercise; the only variation being from a sitting room at 80° and over, to a close and unventilated bed-room. The change we would advise, is to keep the house cooler, to dress habitually warmer, to depend more upon natural, and less upon artificial heat. Then, when out-door exposure is to be endured, meet it with a greater difference of garment.

The above fault in our clothing is one which applies equally to each sex. Another which interests us here more, is peculiar to women—viz., the slight protection offered by their garments to the lower limbs. Their shoes are too thin, and their stockings, even when of thick material, too open to effectually prevent the access of cold to a large portion of the surface of the leg. The effect of this is to drive in the blood and induce engorgements of the pelvic viscera, more particularly of the rectum and uterus. That cold applied to the feet and legs does this, any one who is subject to hæmorrhoids can testify, from the readiness with which thin shoes on a cold day, or wet feet, will bring on an acute attack of the disease. The same mischief is effected with woman; though, unless the imprudence is committed at the menstrual period, and then does it immediately by suppressing or at least embarrassing the flow, the evil consequences are not perceived until the damage is a confirmed one. Their skirts wet by dragging through the snow or rain, and then hanging about their ankles for hours afterwards, is another very prolific source of these engorgements in school-girls and work-women. In both, we have traced dysmenorrhœa immediately to this cause, which it is evident may be, and is likely to be, repeated with both these classes of females until the effects are permanent.

Even when not produced in the above manner, but as a disease of itself, dysmenorrhœa from a uterine engorgement must, we think, be enumerated among the causes of the other affection. At least, cases have been presented to us in which we have had an opportunity of watching the progress of the disease, though unfortunately, from indisposition of the patient to assist us, without power to arrest it—where we have found no other reason for the gradual descent of the womb except its unnatural weight and the loss of tone in the parts from the violent perturbations to which they were subjected at each menstrual period. To this we ask particular attention, as with the exception of Lisfranc [*Maladies de l'Uterus*, p. 526] we find no author giving congestion the prominence we have been led to think due to it as a cause of these affections.

The last of these causes operating only indirectly, is habitual constipation—we mean in one method of its action. The mass collected at the extremity of the colon, and in the rectum, pressing upon the vessels returning blood from the uterus, evidently furnish a frequent source of engorge-

ment of that organ, and, if the views just stated are correct, a cause of displacement.

We have thus disposed of those causes, or, at least, of the principal and sufficient of them, which in producing uterine displacements operate through the general system. We will now take up those that act more immediately upon the organ itself.

The first among these, acting indeed to a certain extent in both ways, is found in exertion too soon after child-birth—and we feel assured that our readers will agree with us in considering this a very prolific one. There is scarcely a more common error among women than to pride themselves upon the early period at which they “get about” after confinement. With the young and hearty—primipares—the general system soon rallies after child-birth, and they feel as strong as ever; and possibly—even putting aside the stimulus of emulation, so they are—except, locally. The contents of the pelvis, however, have not fully returned to their previous condition; or if they have, they have not yet regained that tenseness of fibre which is necessary to guard them from the effects of severe strains—so, that though the first bodily exertions may not immediately be felt, these do produce an impression which, if increased, or even kept up, must result in a most hurtful disturbance of the organs of that locality, particularly of the most mobile one—the uterus.

Adding to the above cause the method in which many women habitually support their children—not against the chest or upon the lap, but against the upper part of the abdomen, and, when sitting, with the whole weight of the infant directly upon its walls—and we have, if not of itself a new cause, at least a powerful adjuvant to the last.

We have just mentioned the indirect effects of constipation. It acts, however, still more immediately by effecting displacement mechanically, a fact that no one will doubt who has ever examined by touch the uterus of a woman habitually costive. It will be found wholly impossible to produce the slightest effect in attempting to return the organ to its proper place, while the rectum is full. Another method in which this condition acts in producing these affections, is, by the great exertions required to obtain a stool. The efforts of the abdominal muscles to force out the hardened and impacted fæces must be felt almost equally by the uterus, and assisted by the still more direct effects of a loaded rectum upon it—just spoken of—they cannot but have great effect in forcing down that organ, or in pushing it—already canted forward—over upon the bladder, and thus inducing anteversion.

Another mechanical cause of uterine displacements is one which has as yet received but little attention, and which, in the paper above alluded to, we have set forth at length, claiming at the same time to be the first to have so done. It is in the weight and in the method of wearing the skirts of their dress now adopted by women for some eight or ten years past. We feel that we cannot do better than to quote from the article. After describing the upper half of the dress now worn, as cut low in the neck and receiving no support from the shoulders, but held solely by the strips of whalebone planted upon and supported by the expansion of the figure at the hips, we go on to say: “To the part below the waist



however, we believe we can look with confidence for a full and satisfactory explanation of the mischief done.

“ With a view to improving their shape, the lower part of the dress of women now consists of six, eight, or even more skirts, made of various materials; cotton—the stiff woollen material, intended for curtains, called moreen—flannel, and at times quilted with cotton-wool—weighing together, as ascertained by actual experiment, ten, twelve, and even fifteen pounds.\* Each of these is supported by a string drawn very tightly round the body. We have seen the marks of these strings for days after the skirts have been removed—we have seen them even after death. Here, then, is the first source of evil; the continued pressure and constraint that these strings keep up, evidently embarrassing greatly the organs within. When to this, however, we add the weight of the skirts, we cannot but at once perceive how great an additional force we set to work, particularly if its operation, as exerted upon organs having amongst themselves a mobility almost as great as that of fluid, be properly estimated. To protect the abdominal viscera against this pressure, remember there is nothing, in front at least, save a thin partition of woman’s soft and tensionless muscle. That these viscera should be forced downwards, is not surprising; that they must in turn exert an equal force downward on the pelvic viscera is apparent; and that the uterus, the most moveable of the last, and the most obvious by its situation to receive such an impulse, should give way to the continual assaults upon it, is what we might most readily expect from the premises. Here we have an explanation, full, and we trust convincing, of the frequency of a disease in the youngest and heartiest of the sex, which twenty years since was considered peculiar to those whose powers of life were greatly exhausted by demands upon them, or were already on the decline from age.”

With reference to the insidiousness of this cause, and the blindness of the sufferer to it, we say: “ We look upon the mischief thus done as no whit less than that effected by tight lacing; but if anything, greater, for it is more silently done. Friends cannot see, and do not understand, the evil at work, and therefore can give no warning word. The symptoms themselves commence so gradually and point so indirectly to the cause, as to excite no alarm in the victim. Exercise which ought to invigorate, soon fatigues and becomes distasteful. Ascending a flight of stairs, or stooping to lift a comparatively light weight, instantly loads the hips with a burden that can scarcely be borne. The back, particularly at the lower part, feels sprained, and memory is taxed in vain for some injury to account for it. Dragging sensations around the hips, pain down the legs, and weak knees, are attributed to rheumatism. The symptoms may now begin to point more directly to the real seat of the trouble—every monthly period brings renewed sufferings, from which the system rallies more and more slowly—daily and hourly embarrassments

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\* The higher numbers mentioned here must of course be considered as rare and extreme cases. The truth of the general statement—which we have often heard denied—we again re-assert. Our authority is the acknowledgment of women themselves, and still better, actual experiment. In one case we astonished an incredulous patient, by weighing one of her skirts in her presence, and showing her that she had been carrying *five pounds* in one garment alone, strung round her hips. How much the *other four* weighed, we did not think it necessary to ascertain.

occur of nearly all the organs within the pelvis—an irritable bladder (a very frequent symptom in my experience)—hæmorrhoids—unceasing pain and continual sensation of bearing down. The retiring delicacy of maidenhood shrinks from telling these, and unless marriage happily brings her under the care of a physician, the mischief goes beyond hope of relief.”

So much, for the present, upon this particular cause, the importance of a consideration of which, as we have just said, has forced itself strongly upon us; being convinced that even where it cannot be esteemed the sole cause, it yet plays such a part in aggravating and perpetuating the disease, as to render futile any attempt at relief until it be removed.

To close this list of mechanical causes, we add to it all those occupations which require strong contractions of the diaphragm and abdominal muscles continued for a length of time, particularly when to these are added a stooping position. We cannot, of course, specify all such, but among them we may mention as instances washing, ironing, scrubbing floors, some branches of the manufacture of cotton and woollen cloths, and, indeed, several mechanical trades in which women engage. This list, however, is already sufficient for our purpose.

We have thus divided the causes of uterine displacement into two classes—viz., those acting upon the general system, and those acting mechanically upon the organ more or less directly. In enumerating these, we have given only those about which there can be no doubt, or which at least were so plausible as to demand in our estimation careful consideration, on account of the immediate practical bearing of them.

There are still some causes of uterine displacement of a mixed character, between these two classes; and, also, some which various authors have given, but which we think very doubtful, though still such as we ought not to pass over in silence.

Among these is frequent child-bearing; which, however, we cannot look upon, as some would, in the light of a cause, necessarily, though we do not doubt that the exhaustion of the system attending the frequent bringing forth and nursing of children may predispose a woman to descent of the uterus.

Relaxation of the vagina has, with great plausibility, been considered a frequent cause of prolapsus uteri; we do not think, however, that this tube acts so peculiarly as a supporter to the organ above, that we can very well separate and particularize the effects of a flaccid state of it from those of a want of tone in the neighboring parts—which, be it noted, must always necessarily be the result of the same influence that produces the other. In saying this, we have in view the success of the operation devised by Girardin for the relief of prolapsus, by excising a portion of the circumference of the vagina, but we do not think that it weakens our general position. We will speak more particularly of this bye-and-bye.

Prolonged phthisis, and also chronic bronchitis, are often accompanied by prolapsus, which may be the result of the combined influence of the enervation of the system and of the frequent spasm of the diaphragm. Great emaciation is also charged with inducing it, and we can readily



conceive that an attenuation of all the parts concerned would favor a descent of the uterus, more especially when accompanied, as it almost always must be, by general debility and relaxation.

There are certain peculiarities of the person which are considered as predisposing causes of prolapsus. Those most so, are great breadth of the pelvis, and obesity. As unvarying as all traditional assertion is in giving these as causes, we still feel great doubts as to the facts, and wait for further systematic observation to determine them. Though we cannot as yet offer a great array numerically, what cases have come under our notice have been such as to start the doubt above expressed. As another structural cause, Levret mentions preternatural length of the ligaments of the uterus, which may be congenital or may be induced. Dugés and Boivin oppose this, as would any one who took the view above quoted from Astruc as to the functions of the ligaments. With this we close our list of causes of uterine displacements, confident that we have fairly exhibited all that have any claim upon our attention, either for their interesting pathological bearings, or for any practical purposes in treating the disease.

#### CONSTITUTIONAL EFFECTS AND SYMPTOMS OF DISPLACEMENT OF THE UTERUS.

As, in estimating the causes of these affections, there was a difficulty in separating the attending conditions of the general system from those which lead more or less immediately to displacement of the uterus, so in detailing the symptoms of these diseases we find some difficulty in separating those sensations proceeding from disorder of the economy, accidentally attending the chief affection, from those caused by the displaced organ. This difficulty is increased from there being in fact no pathognomonic sign of the disorder—no symptom that of itself can set the existence of the disease beyond all doubt, and still less which will enable us to discriminate in all cases and accurately between one form of displacement and another.

There is a difficulty, too, in separating the constitutional effects from symptoms. For, if the former are very constant, they of course could properly be classed under the latter. We have therefore embraced both of them under one head, and in detailing them, for the most part, shall leave it entirely to the reader to class them as he wishes.

We should here say that the absence just spoken of, of any pathognomonic sign, for all practical purposes does not matter, as the touch is an infallible test of the existence of the disease; and, as we have already strongly stated, whatever symptoms may lead us to suspect uterine displacement, and however strongly our suspicions may be heightened, no practitioner should feel justified for a moment in depending upon them, when so speedy and so sure a means of removing all trace of doubt and all possibility of mistake is at hand.

We look, then, upon the symptoms attendant upon these diseases as only valuable in turning our attention at the outset to the affected organ, and in pointing out what other derangements accompany or are caused by the chief one.

Omitting any further consideration of elevation and of hernia of the uterus, we will give in turn the symptoms of the other displacements to which the organ is subject, and afterwards those common to all—or the constitutional effects, where they have not been sufficiently detailed in our previous remarks.

*Anteversion and Retroversion.*—In neither of these derangements, when existing simply without prolapsus, are the symptoms at all marked, unless they produce embarrassment in the functions or the surrounding organs by mechanical pressure. We have had but two cases of anteversion and one of retroversion in our practice ; and this seems, from the statistics of others, to be more than our share. Of course, they cannot of themselves go far to illustrate the diseases, but they did exhibit to a marked degree a difference of symptom which we are inclined to believe may be pretty constant. It was with regard to the manner in which the bladder was annoyed. In one of the cases of anteversion, there was an irritability of the bladder—a frequent desire to urinate ; in that of retroversion, there was an inability to vent the urine. In the first case, the fundus of the uterus having fallen against the body of the bladder, irritated it and excited a desire to empty it. In the second, the mouth of the uterus had settled against the neck of the bladder, and thus created the difficulty in urinating. So far, our observation from these solitary examples is confirmed by other writers. Of the second case of anteversion, we will have occasion to speak, when we come to treat of the displacements of the gravid uterus. In retroversion, embarrassment of the rectum becomes a very troublesome accompaniment, the fundus often lying directly against it, and causing an accumulation of fæces. In anteversion, the bladder is chiefly annoyed. For the rest, there are no symptoms of the displacements which are not common to both, and also to prolapsus of the organ. Upon examination with the finger, there can scarcely be any difficulty in recognizing the disease. Even where engorgement has altered the form and density of the organ, its orifice can be reached with the finger, and thus prevent its being mistaken for a tumor, whilst the direction in which the aperture is found will determine the particular kind of the displacement.

In *obliquities*, the embarrassment of the neighboring organs not amounting to a very perceptible degree, the disease is generally not suspected until pregnancy, or until the uterus is also prolapsed, in which case, the symptoms are those common to a descent of the organ without obliquity, modified possibly to a slight degree by interference, as in the above cases, with the neighboring organs.

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#### SOUTHERN RESIDENCE FOR PULMONARY INVALIDS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—As the season is approaching for your pulmonary invalids to approach a southern latitude for the winter, permit me to offer, through your Journal, a suggestion with reference to a residence here. I am induced to believe, from a somewhat extensive observation, that pulmonary



invalids do better in our *pine lands*, than in our *oak land* retreats. There are large bodies of such country lying along the line of the Georgia Rail Road, in a healthy region, with good water and good society. Along this line of rail road, from Augusta, Geo., to Crawfordville, are plenty of accessible and agreeable places of abode, where the invalid in quest of a winter home can find a pleasant retreat. The fluctuations of temperature in this *pine region* are not manifold. We are fully convinced that it offers better and safer inducements to the valetudinarian than other parts of the South. The altitude of the pine country along the Georgia Rail Road is greater than in other parts of the Southern States, while the atmosphere is emphatically dryer. Again, it has appeared to our mind, and the position is plausible, that the breezes, impregnated as they are by the odor and peculiar flavor of the *pine*, exert a salutary and healthful influence upon the lungs. Pulmonary diseases are of comparatively rare occurrence in these regions; consumption is scarcely known among the real inhabitants of this section; while it is notorious that it is upon the increase on our oak lands. For a northern invalid to get the full benefit of our clime, he should spend the summer in the South. All experience shows that pulmonary patients stand our summers better than our winters. Indeed, were we a confirmed consumptive, we would rather spend our summers in the southern parts of the Union, than anywhere else upon the globe.

Anywhere along the line of rail road, from Augusta to Crawfordville, fine quarters can be obtained. Among the most favorable points for an invalid, we should regard Benzelia, Belair, Dearing or Thompson. We live within a mile of the latter place, and can speak from personal knowledge of it. The accommodations at this point are good. It is a small place, two hours' ride by rail road from Augusta, Geo., and has none of the vices or allurements of city life; no grog shops or other annoyances; while the surrounding country abounds in churches.

We throw out these hints to your northern readers, because the advantages of this region are not known abroad. Use the remarks as you deem proper.

*Thompson, Geo., Aug. 20, 1852.*

Respectfully,

H. A. RAMSAY, M.D.

### "IS NITROUS OXIDE ANÆSTHETIC?"

[Communicated for the Boston Medical and Surgical Journal.]

THIS question is gravely asked in the number of the Boston Medical and Surgical Journal under date of June 30th, 1852. I beg leave to reply, briefly, that it is not, and to demand that a case shall be produced of a recent operation where it has been proven so; for certainly, if nitrous oxide gas *ever was* an anæsthetic agent, it is so still; the agent has not changed, and human nature remains the same. Nitrous oxide has so often proved to be simply *intoxicating*, and not anæsthetic, even by the late Mr. Horace Wells, the dentist, and more especially by the French Academy of Sciences, upon rejecting his claims to the discovery of anæsthesia, which was then before that body; saying that nitrous

oxide is "dangerous and improper, and does not produce the effects alleged by Horace Wells;" that I feel surprised that a doubt should still remain in the mind of any one. The experiments of Dr. Beddoes, and those of his pupil, Sir Humphry Davy, ought to suffice. Davy, who first suggested that nitrous oxide gas might be used as an anæsthetic agent, proved the contrary by experiments which lasted during an entire week, in which he breathed the nitrous oxide gas, and says he had "*an increased sensibility to pain.*" This careful observer could not have been mistaken.

The writer of the communication alluded to, who signs "Ira Manley, Jr.," labors under some serious mistakes. He states, first, that "Dr. Rogers presented Dr. Horace Wells at the College of Physicians and Surgeons of New York, during the winter of 1847 and 48, as a gentleman who had just returned from France, where he had been awarded 25,000 francs for being the discoverer of anæsthesia." If he was so presented, it was under *false pretences*, as no such award was ever made in France. The "Comptes Rendus" of the French Academy of Sciences, to which institution all such questions are referred in France, contains *every* transaction of that body; and makes no mention of it; but on the contrary, *expressly* negatives any such idea, and awards the discovery of "anæsthesia," *distinctly and in terms*, to Dr. Charles T. Jackson, of this city, with 2,500 francs in money, the highest Montyon prize, for the greatest medical discovery in medicine and surgery; and its members procured of the government of France, the Cross of the Legion of Honor, instituted by Napoleon Bonaparte; and, so far as I have learned, he is the *only* American who has been deemed worthy of this high consideration.

Dr. James R. Chilton, chemist, of New York, who prepared the nitrous oxide for the experiment before the New York College of Physicians and Surgeon, alluded to by Mr. Manley as a successful one with nitrous oxide, says the application was not successful, "the patient screaming out under the operation." Mr. Manley may not be aware that ether was substituted by the surgeons, and that it was owing to this agent alone, that anæsthesia was subsequently produced before the class at the New York Hospital in the case mentioned.

Mr. Manley further says, that "Dr. Wells would have mentioned this circumstance had he not, in his devotion to science, experimented with chloroform to his own ruin." I cannot but admire Mr. Manley's ingenuity in making a martyr of Dr. Wells; but unfortunately the record does not sustain him (vide the New York Herald and Journal of Commerce at the time). I do not wish to revive the painful and disagreeable circumstances of the suicide of Dr. Wells by the use of a razor, produced beyond question by the faults of his own life, for which he was then suffering imprisonment in the "Tombs" of New York; but must say, he was neither a martyr to science nor its exponent. Mr. Wells, in a long letter written just before his death, and published immediately after it, in the Journal of Commerce, *makes no claim to etherization*; in such a solemn moment, if it had been *true* that he had or believed he had any, for his family's sake he would have done so.



In this connection, Mr. Editor, I ask permission to say a word in reply to another correspondent in the same number of the Journal, who appears over the signature of “Justice.” He says that “The Legislature of Connecticut, after due investigation, decided that the discovery (etherization) belongs to Dr. Wells. The Paris physicians have decided that it belongs to Dr. Jackson, while a committee of Congress incline to the claims of Dr. Morton.”

These statements are wanting in many important elements, especially *truth*.

First, The Legislature of Connecticut, if they decided that the discovery belongs to Mr. Wells, could not have done so upon *due* investigation, as no notice of such an inquiry before that body was sent to Dr. Jackson, of which I am satisfactorily informed; and there is no reason to believe that any of his evidence, that so completely vindicates his claim to the discovery, was before that body at all. Yet, nevertheless, a Resolve was passed by the Connecticut Legislature, instructing their members of Congress to sustain the claims of Mr. Horace Wells, and that he was the discoverer, although *no committee* was appointed by this Legislature upon the subject. Such (magnanimity) suffers by a comparison with the course adopted by the French people. Not only did they notify all claimants, but awarded the discovery to one from another country, although there were claimants in France who had experimented with ether long before Jackson, Wells or Morton. One of them experimented upon ducks, and another upon his own body (M. Casignac); but the latter did not dare to go as far as Dr. Jackson. He knew, as most scientific men know, that ether is set down in most works on toxicology and materia medica as dangerous to breathe, and that accounts of death by it are given. He left the bold and hazardous experiment of producing *entire insensibility* to the nerves of sensation, to a bolder man. And what man is there so cold that does not feel a thrill of gratitude to that brave man, who dared to risk his noble life to raise the thin veil that hid this discovery from the eyes of men. He was, in my belief, an instrument in the hands of an all-wise Providence; and whoever falsely pretends to the honor of the discovery communicated, will be signally punished and disgraced by the same Hand that made use of the pure-minded chemist to reveal this great benefaction to humanity.

Second, It was not the Paris physicians, as such, who decided that the discovery belonged to Dr. Jackson, but the Institute of France, or Academy of Sciences, the most renowned and reliable scientific body in the world, comprising not only physicians and surgeons, but the most eminent men in all the walks of science. This body *did* decide the question, upon *due investigation*, and I think “Justice” will admit that it was competent to do so.

Last, but not least, no committee of Congress had reported to that body upon the subject of etherization at the time the communication of “Justice” was published in the Boston Medical and Surgical Journal. All statements to the contrary I unhesitatingly pronounce to be unauthorized and unwarranted; and I presume that “Justice” will not pretend to inter-

pret for this committee till it has reported. The subject was brought before the committee of Congress on quack medicines at the session of 1849, for the first time, secretly, surreptitiously, and without any memorial upon the subject before Congress (vide Records of the House of Representatives), but no report was made to Congress, although a document was circulated as the report of the majority of the committee, which was never signed by any member of the committee. The same course has been pursued at the last session of Congress. A printed report, signed by a majority of the new and *special* committee of the session of 1852, before it had been reported to the House of Representatives, where the committee was appointed, was shown in this city and New York. I saw the said report in June last. Such a course of procedure needs but little comment. I would remark, however, that the morality of those members of this committee who sanctioned this procedure, while sitting in judgment upon the case, will not furnish very good materials for their eulogy. The *veil* that covers the untenanted panel in the picture gallery of the Doge of Venice, had better not be removed. The report appears to have been cooked up for the occasion, disregarding the evidence with the criminal perversity of special pleading, but so far is it from indicating the opinion of Congress, that I should be sadly mistaken if the minority report, signed by Hon. Edward Stanley of North Carolina, and Hon. Alexander Evans of Maryland, which was rendered to the House with the majority report on the last day of the session, will not set at rest and forever the spurious pretensions of all others to the discovery, and establish beyond cavil the right of the original and only discoverer, Dr. Charles T. Jackson.

"Justice" would make each of the three parties mentioned participants in the award. This, I beg to observe, would be most unjust and wrong. Has not the discoverer been sufficiently wronged? or must the wrongs already done be perpetuated? The French Academy, upon investigating this subject, had the representations of *fifteen* rival claimants before them, ten Europeans and five Americans, many of whom had far better claims than either Morton or Wells; especially those of M. Ducros of Marseilles, and M. Granier de Casignac. That this body gave Morton 500 dollars for aiding in the introduction of anæsthesia by ether into practice, as "*indicated by Dr. Jackson,*" while Morton was acting as an irresponsible agent of his, is simply to be ascribed, in my opinion, to the extraordinary efforts made on his behalf, and was more than he deserved in the premises. He was not responsible for the first administration made by him of ether, *Dr. Jackson having become distinctly responsible in the presence of two witnesses for the favorable or unfavorable effects* of this, as also many subsequent operations; and *had death ensued he alone would have been morally if not legally responsible for the result.* Jackson was the doctor, and Morton the nurse only. I refer to the extraction of a tooth from the head of Eben Frost, by Morton, on the 30th of Sept., 1846; but had this operation failed, this discovery was as complete and perfect without it, as it is since that operation. This is admitted in the minority report. I hold it to be as satisfactorily proven as any fact ever established by evidence, that in the winter



of 1841 and 42, Dr. Jackson *produced entire insensibility upon his own body*, by breathing the vapor of ether, and that in consequence thereof he made his great discovery of insensibility to pain, and communicated it to at least *eight individuals* before he made it known to Morton. These individuals are physicians, apothecaries, dentists, scientific men and others, who are well known in this community for their respectability and truthfulness, and have made oath that Dr. Jackson had informed them that ether would do all it has ever done since. Morton has, it is reported on good authority, received some thousands of dollars for the sale of letheon licenses, under a joint patent into which Jackson was inveigled by a misrepresentation of his rights, that he could not otherwise conserve his discovery, *but not one farthing has been received by the latter under this patent*; on the contrary, he has been compelled to expend \$6000 or \$7000 of his hard earnings in defending himself and his rights, against the persecutions and false pretensions of others, to say nothing of the loss of his time, which is a loss to the world as well as to himself. Yet he did not hesitate a moment to denounce this fraudulent patent as soon as he was duly informed of his legal rights by eminent counsel. This denunciation entirely invalidated the patent; then Dr. Jackson tore up the bond of indemnity given him by Morton, and proclaimed the discovery free to all the world. And free it has been from that day, and to Dr. Jackson alone are we indebted for the most wonderful and useful discovery of the age, and should make him indemnification. He alone is the *martyr*, and the only *sufferer*, by means of a discovery that has relieved from pain thousands of the human race—a benefit not to be estimated by millions of dollars.

H. A. H.

#### DEATHS BY CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—After having seen so frequently in our public prints the records of “Death from the use of Chloroform,” one might perhaps inquire—Why is it thus? Some who are constantly in the use of this article, and have been since its first introduction to the profession, have had no occasion for regretting its employment in a single case. Such has been my own experience with it, as spectator, exhibitor and operator, that when I see these announcements, the query involuntarily comes up, ought it not rather to read thus, “Death from the careless use or abuse of Chloroform”? I make this query, because I am well aware that there are practitioners who would resent the appellation of “Quacks,” but who make indiscriminate use of chloroform. Many of your readers will doubtless recollect one or more of such, who, though graduates from respectable schools, act the quack with the article by administering it at all times without any consideration whatever, and on the slightest occasions. In the hands of such men it is unsafe and dangerous; but in judicious and careful hands, it is a blessing to mankind.

One reason why so many fatal results arise from its use, is, that it is not in safe hands. The only instance of fatal issue which has come un-

der my observation was some years since, while it was my privilege to attend one of the hospitals of our cities. My feelings were outraged at the time, and the case comes fresh to my mind when I read the records spoken of. The patient, a robust man, was to be operated on. The operation, though painful, was simple, and of the stereotype kind in manner of performance. Anæsthesia was highly desirable, and it was decided to make use of chloroform. The patient lay upon the operating table. The principal surgeons paid no attention to the preliminary arrangements, as though this was but "apprentice work," and a young man, for whom money or influence rather than talent or skill had procured a situation in the Hospital, proceeded to administer the chloroform. This he did by pouring upon a napkin nearly two drachms, and applying it close over the patient's open mouth. Those acquainted with its use may well understand the effect produced. The pungency and irritation caused a desire to cough, and the man so expressed himself as well as he could, but was told to "lie still," and the napkin held still more closely over the mouth and nose. Meantime the surgeons paid little or no attention to the proceeding, at all events they did not interfere. The patient struggled a short time, and then became quiet. But instead of the happy state of anæsthesia, it was death, and that, in my humble opinion, by strangling. Of course the consternation was great. Probably a large majority of those present were of my opinion. Soon it was announced that an examination would be held the next day. Whether the Coroner came by request, I know not, but he was there the next day, and previous to the examination declared it necessary to hold a "jury of inquest." He picked his men from those assembled—all medical men, eager or willing to sustain the characters of the surgeons, and the farce was carried through, and the verdict "Death from the use of Chloroform." What if the apothecary had, through mistake, put up distilled water instead of chloroform, and the mistake had not been discovered until the time of the examination—I think the result would have been the same; but would the verdict? The assassin (using the same reasoning) is not responsible for the act his weapon has committed. No. Curse the knife or club, or whatever might have been the weapon, but let the motive power go free.

This is the only instance I have been personally acquainted with, in which there was any occasion to regret having employed chloroform. It has been my fortune to be conversant with anæsthetic agents as they have been introduced, having been a spectator of the first public exhibition of sulphuric ether at the Hospital in Boston, and continued to witness the effects of that and the other articles used for the same purpose to the present time. There were serious objections to the first, and fortunately chloroform was introduced. This has been declared by the adherents to sulphuric ether to be more dangerous, but it is only so on account of its being in more general use, being free from the unpleasant odor and tardy operation of the former. To say nothing of other substitutes, I regard chloroform as the best anæsthetic agent at our command. The first general introduction of it into use in this country, occurred while it was my privilege to be attending the clinical instruction



of one of the first surgeons of the day, in connection with one of the first schools in our country. During my six months attendance, not a single case occurred to occasion any jealousy of chloroform, except in the minds of those who would sacrifice anything to their own narrowness of mind. Why was it thus? Why did not some cases occur in which death might be charged upon chloroform? Simply because our worthy teacher was careful. In all the hundreds of cases in which it was administered, from the infant of six weeks to the infirm of four score, he did not administer it without first ascertaining, by personal examination, so far as he was able, the propriety of its use. In some instances, though importuned to do so, he refused. In others, where anæsthesia was highly desirable on account of the severity of the operation and the propriety a little doubtful, he would proceed with double caution. He had one assistant, whose business it was to exhibit the chloroform, at the same time carefully watching every symptom himself. The secret of his success was caution. Often would he urge upon us the necessity of this. He often repeated the adage, "make haste slowly." It was inspiring to listen to his eloquence, after having performed some operation, formerly painful, but now with the patient utterly unconscious of pain, as he extolled the boon to suffering humanity. It is thus easy to see why I am warmly attached to chloroform, and make almost daily use of it in my practice. I make other uses than anæsthetic; but finding this paper full long enough, I defer speaking of my own exploits until a future time.

*Francestown, N. H., August, 1852.* E. P. CUMMINGS, M.D.

#### A SOUTHERN CLIMATE FOR INVALIDS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The brief practical remarks in your Journal of the 1st inst., from the pen of Dr. Magoun, of Natchez, under the caption of "Northern Consumptives in Southern Climates," has excited me to ask a place for a few words in corroboration of Dr. M.'s article.

In quest of a region where my asthma, now of fifteen years' continuance, might be improved, I reached Savannah about the 20th of last April, having spent the winter in Illinois, Ohio and Philadelphia. I have no time now to be more particular than to say that Philadelphia seemed more friendly to my health in all respects than any other place till I reached Savannah. Although this did not wholly remove my sufferings, I could not but feel, from several weeks' residence at the South, that a southern climate would be wholly favorable to me.

But I have taken my pen to fasten *one thought* in the minds of my brethren, through your pages; or, more properly speaking, to confirm Dr. Magoun's powerful argument against nullifying the full benefits of acclimatizing at the South by running home in the spring. Let me say to your readers that they may not be discharging their whole professional duty, without advising their families to remain permanently. I made many inquiries of intelligent invalids and physicians while in Savannah, nearly all of whom concur in the necessity of a summer residence. And

in conversing with the northerners, who now stay through the year, it is surprising to learn the real truth, how little they suffer from the heat and mosquitoes. I saw many consumptives returning from St. Augustine, Jacksonville and Picolata. St. Augustine, with its land and sea breezes, must be a charming place for summer. So is St. Mary's, at the south-east corner of Georgia. Both these latter places are very dull in summer, and rents may be obtained very low, if a family should take on furniture for a permanent residence. This last might be done with ease by a family of tuberculous tendency, and I may truly say with economy, provided their children are not so ill as to render it imprudent to expose them to some few days, during the winter, of cool north-east winds. In that case, it would be best still not to abandon their house, garden and comforts, whether in St. Mary's or St. Augustine, but spend a few of the colder weeks in Jacksonville, which is situated on the River St. John's, is internal, and has the defence of extensive pine forests (as I am told) between it and the ocean. This is a favorite spot for consumptives through the winter; but, owing to the fact that the pine forests are being rapidly converted into lumber for New York, by, say, a dozen of steam saw mills, it is difficult to procure suitable board at a reasonable price.

This leads me to say, that, should the life of some member of a young family who are in the very harvest and bustle of business, seem to call for a southern residence, there are many ways in which an enterprising and flexible northerner may go on with his pecuniary gainings, at the same time he has not sent away from the solaces of his family circle some invalid member who more than ever needs those very solaces. Vessels are going from New York to Jacksonville, empty, after lumber, and a snug set of furniture would cost little to be shipped from the lumber company's office, New York, to Jacksonville. But I will not prolong.

With respect, M. L. NORTH.

*Saratoga Springs, Sept. 4, 1852.*

#### CURE OF TAPE-WORM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I again take the liberty to address you. I have recently had another case of tape-worm, and as it has some peculiar points of interest in my mind, I hope you will let the readers of your Journal have the opportunity to investigate the matter.

The subject of this report is Mr. Charles W. Stone, a merchant of St. Louis, but now residing at No. 6 Attorney street, New York. He is about 45 years of age, dark hair and complexion, and for some time afflicted with an hepatic affection. On his passing my office frequently, he observed my *museum* of tape and other worms, and in consequence called on me, stating that he believed he was troubled with tape-worm. He said that he had been in the habit of passing per rectum a vast amount of small white worms, about an inch in length, and that he believed that they were the links forming a tape-worm, because he had fre-



quently collected them and placed them in luke-warm water, when they swam about similar to leeches, and after a while they began to join themselves together. To convince me of this fact, the next day he brought me a bottle containing some fifty or sixty of these worms. They were alive, and were of the class known as the *Distoma Hepaticum*, liver worm, or fluke. On placing warm water in the bottle, they swam around, but as the water became cool they became torpid. By keeping the bottle in the hand, closed around it, they revived and soon linked themselves together, to the length of twenty feet. I took him under my charge, and treated him first with the empyreumatic oil, followed by the koussou as reported in your Journal of the case in Williamsburg, and I expelled about thirty yards, including the head, of tape-worm.

Yours, &c. J. X. CHABERT, M.D.

No. 431½ *Grand street, New York, Sept., 1852.*

#### LETTER FROM THE SOUTH.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Our summer is passing away without the usual alarm of cholera in this and the neighboring parishes, though there have been sporadic cases here and there, with more than an ordinary share of fever and summer complaints upon the plantations, and in the smaller villages along the coast. New Orleans is uncommonly healthy. The dreaded cholera seems to have departed for a season, and is now spending its ravages in the north-west.

The August number of your monthly series has just come to hand, filled, as usual, with agreeable and entertaining matter. Your selected papers from the New York and New Orleans Journals of Medicine, are in harmony with your refined taste, and your numerous readers must thank you for them.

That form of cholera mentioned by Dr. Taylor as occurring on ship-board in the Bay of San Francisco, and so unfamiliar to him, has always been very common in all our Southern epidemics, on the Mississippi and its tributaries, and need not be mistaken for any other disease than a modification of the veritable "Simon pure"—the genuine Asiatic cholera, which is and ever has been so destructive to our population in the South and West. It is almost always fatal.

We have heard of one physician, not a hundred miles off, in full practice, who says he never cured a case of cholera, and does not believe it can be cured. He attended a plantation where there were sixty cases and upwards of confirmed cholera, all of which proved fatal. Alas! "Where ignorance is bliss," &c.

We have long been accustomed to control cholerine, and even the severer grades of cholera, by the following formula, which may be relied upon with more confidence and safety than any of the boasted specifics of the day. R. Comp. spts. of lavender, comp. tinct. of cinnamon, each ʒ ij.; Vol. tinct. valerian, comp. spts. sulph. ether, spts. camphor, each ʒ j.; Vin. opii, ʒ ss. M. A teaspoonful or more of this mixture

may be given to an adult person in a cold infusion of peach leaves, or ginger tea, and repeated according to the urgency of the symptoms. If the attack of cholera commences with great prostration, and vomiting and purging of the usual characteristic "congee" discharges, the salt-water or mustard emetic should be administered immediately, to free the stomach from its contents, and then the *cholera mixture* given in full and often-repeated doses till the disease is arrested or relief obtained.

The indications here are to arrest the discharges as soon as possible—to restore heat and circulation, and the respiratory powers. Injections of large doses of tincture of catechu, or nutgalls, have been found useful; or half a drachm of powdered cubebs, in four ounces of starch emulsion, as recommended by Dr. Carquet, and "which has in many instances removed as by enchantment all the grave symptoms, without causing either pain or too great reaction." If there is coldness and sinking, the patient's body and limbs should be enveloped in a blanket saturated with very hot water, and kept in it till warmth and circulation are restored. After the chief symptoms are checked, the following pills may be commenced with, and one or two of them given every hour or two, till convalescence is insured; the patient to be confined all the while to mild chicken broth, and moderately cold drinks. R. Sulph. quinine, blue mass, each ʒj.; Pulv. opii, gr. vi.; Ol. nig. pip., gtt. viij. M. Divide into twelve pills, and give as above directed. Persons travelling by sea or land, and families and artisans, and others who are liable to be exposed to the disease, should always be provided with some reliable and preventive remedy for immediate use, and the above means are confidently recommended, for an emergency, to the public, who are so often misled by irresponsible practitioners, and an erroneous treatment of the disease.

Dr. Lidell's paper on "Diarrhœa at the Isthmus," is very creditable to him. His treatment is uncommonly judicious and discriminating, and shows him to be a zealous, practical, well-informed and well-deserving member of the profession. It will attract the attention of your readers, and elicit more than ordinary praise.

You are no doubt aware that *nitrate of silver* has long been used in the treatment of infantile diarrhœa and dysentery, by the English and Continental physicians. In diarrhœa of newly weaned infants, with aphthous ulceration of the mouth, its action is brilliant. R. argent. nit. crystal., gr. i.; aqua distil., ʒ ij.; gum. mimos. nil., ʒ ij.; sacch. alb., ʒ ij.; M. Fiat. mixt. A teaspoonful every two hours, and an enema with one fourth grain of the salt, with mucilage of opium, was administered. Kall treated twenty-two cases of dothinerteritis with the mixture, two to six grains, in six ounces of decoction of salep—a tablespoonful every half hour or hour, *pro re nata*.

Dr. Kelly's case of "Phlegmasia Dolens" is also interesting. I have just parted with a similar case—"Phlegmasia Dolens, unconnected with the puerperal state"—and without torturing my patient with "bleeding, blistering, calomel and opium, salts and cream of tartar, sal ammoniac, digitalis and laudanum, camphor, jalap and aloes," &c. &c., so generally prescribed in allopathic doses by the doctor, I directed simply an alterative pill of blue mass and rhubarb and ipecac, and applied a mercurial



iodide lotion to the limbs, and in three days, instead of three months, the patient was abroad and perfectly restored.

Dr. Kelly's case of "Infantile Erysipelas," "made worse by irritating applications," if seen earlier, would, without doubt, have been easily relieved. Such cases are not uncommon in our practice, and we invariably arrest the inflammation and its consequences, by some absorbent medicine—rhubarb and magnesia is as good as any—with sulph. quinine, and the local application of comp. tinct. of iodine, or cod-liver oil. Had the former been freely applied at the outset, the erysipelatous inflammation would have ceased its progress, and all the formidable constitutional and local symptoms consequent to the disease, instantly vanished. The effect of iodine frictions in such cases is like magic; and so in various other species of inflammation—as phlegmonous, irritable, specific, &c.

My thanks to you and the author, for another excellent and practical essay from Dr. Cummings, of Roxbury. I like both the form and the substance of it. He is certainly one of the progressives in our profession, and his contributions are deserving especial attention from all who would "keep pace with the progress of discovery in the various branches of medicine." "Young Physic" will certainly be indebted to him for much valuable information; and should he continue his lucubrations through another lustrum or two, he may frame an interesting and useful volume, which will be creditable to his "name and station," and deserve and receive the universal praise and gratitude of our profession.

The *Gazette des Hopitaux*, of Paris, contains at length the recital of a case of hydrophobia, which proved fatal under the use of chloroform. After the usual detail of symptoms, &c., M. Chas. Masson, the author, concludes his recital with the following impressive paragraph, which I translate impromptu. "At this moment," says he, "two of my conferees, Messrs. Claubry and Gregoire, joined me. This last, who devotes himself to the cure of hydrophobia from pure philanthropy, since his fortune is spent for no other end but being useful, showed me a letter from New York, in which a person worthy of confidence assured him that he had cured a young woman of that city by the administration of chloroform. 'Since no other human power can save the patient,' said he, 'when the agony has commenced, leave me to act—let me try one last effort.' I consented. We went to the patient, and with assistance, we began the inhalations by means of a sponge held at some distance from the nose. Twice quietude was produced; in a quarter of a minute, perhaps, speech was suspended. We wished to profit by this interval of calm to make her drink—but the liquor was repelled, and soon the limbs were motionless and insensible. The hands became more and more *cyanoosed*—the ecchymosis extended to the fore arms, the patient appeared to sleep—she was dead!"

I perceive the ether controversy is still "alive and kicking." I thought I had long ago given it the *coup de grace* in one of the numbers of your Journal, by showing that the discovery was due to Dr. Pierson, an English physician, who used it for anæsthetic purposes long before either of the present claimants was born. After all, the award is of no great consequence, unless accompanied by the *plum* proposed to be given by Congress in the shape of \$100,000!

I fully concur with Dr. Bronson, that chloroform should not be used on common occasions, and in ordinary practice—but should be abandoned for chloric or sulphuric ether, either of which is much safer, and therefore less objectionable than this highly extolled, but hazardous, and too often fatal compound.

Apropos—Some French savant, whose name has escaped me, but which was announced some time ago in your Journal, has been invested with the order of the Legion of Honor, and a pension, for his alleged discovery of the application of the *liquid chloride of soda* to wounds from the bites of mad dogs, which discovery I claim, as I first used it, and so announced to the public twenty years ago, and long in advance of the French physician, who doubtless derived his knowledge and success from this source. Should not Congress, in the plenitude of its wisdom and generosity, add \$100,000 to the “Deficiency Bill,” as a supplement, for my especial benefit? What say you? I have discovered the *preventive* remedy; he who shall discover the *cure*, will be entitled to the “Legion of Honor,” £100,000, and the everlasting gratitude and applause of the whole world and “the rest of mankind.” You will see by the New Orleans papers that Louisiana is likely to make the discovery and obtain the reward!

We are beginning to feel the full force of your remark made in the present number of the Journal, “that in the United States [and you might have added Louisiana especially], where any privileges were secured to the medical profession, they have either been repealed or absolutely forgotten, so that irregular practitioners have every facility their ambition may covet; and their success and encouragement among those who ought to frown upon them, is a mortifying evidence of the low estimate of too many, in every community, of the claims of a talented, educated, high-minded profession.”

Very truly, &c.

Ascension, La., Aug., 1852.

FRED. B. PAGE, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 22, 1852.

*Journeyings for Health.*—In addition to the places of resort for invalids, alluded to in previous pages in this number of the Journal, one at the north will be found referred to below. Dr. Clark, of Council Bluffs, Iowa, writes as follows in a letter to the editor.

“Among the various localities in the United States recommended by the Faculty for patients suffering with disease of the lungs, allow me to suggest the region of country on the upper Missouri River. The soil is fertile, the climate dry and salubrious, and the place comparatively exempt from diseases of an inflammatory character. Consumption is hardly known, except by tradition of the emigrant Indians, who have been removed by the United States government from the region of country around our great inland seas. Council Bluffs is situated in latitude 41 50 18, on the Missouri River, at the great crossing of California, Oregon and Utah emigrants. For beauty of scenery and abundance of game, it is not excelled on the



Missouri River. A residence at this frontier village could hardly fail to benefit invalids, especially if they would take the advice of Prof. Drake, procure a pony or mule, and make such buffalo hunting excursions on the plains as their health and strength would permit."

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*London College of Physicians.*—The Royal College of Physicians has received a new charter, by the provisions of which some important changes are introduced into its constitution. Its designation is changed from that of "Royal College of Physicians of London" to that of "England," and its "licentiates," no longer so termed, but "members." All medical practitioners will be eligible to its membership who possess the degree of "M.D." from any university in the United Kingdom, or have received licence to practise from the Universities of Oxford or Cambridge, Dublin or Edinburgh; and, under certain conditions, medical practitioners who exceed forty years of age, and are in practice.

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*Southern Central New York Medical Association.*—Every thing is on a large scale in the sovereign State of New York. Besides the State Medical Society, whose transactions are indicative of professional energy and mental activity, there is a society within it, "a wheel within a wheel," and its published documents are evidences of zeal, progress, science and humanity. The Central Association held their last session at Oswego, in June, having a representation from the counties of Tioga, Cortland, Broome, Chemung, Tompkins, and perhaps others. J. H. Allen, M.D., is President for this year. A Committee on Epidemics, another on Surgery, and a third on Vital Statistics, together with a host of essayists for the next anniversary, give the prospect of business enough when again called together. In the present transactions, Dr. Jerome, the late president, brings some heavy artillery to bear on hydropathy and homœopathy. Some of the closing observations are in a fine style of writing. *Vital Statistics of Cortland County*, by Dr. C. Green, of Homer, is a strong and scientifically drawn up paper. There is no getting away from his facts in those tremendous tabular statements. The wind cannot blow where it listeth, in Dr. Green's neighborhood, without being registered. Dr. Allen despatches the *Vital Statistics of Oswego and Tioga Counties*, in short metre. With such an amount of territory he should at least have culled a few flowers. Dr. Hyde's Abstract of the Cortland County Report on Surgery, has both ingenious suggestions and a multitude of useful facts for reference. Dr. Crandall, on the Surgery of Tioga County, is good as far as he goes. A man who can draw up half a sheet as well as that before us, must have a perfect magazine of equally instructive materials remaining. Dr. Burr, on the Surgery of Broome County, covers a large field, and on the whole has added more than most of the preceding reporters to the common stock of surgical knowledge. All the remaining papers in the transactions are of a prominent kind, and may be studied with profit, because they illustrate some of the every-day phases of a mixed practice. Certainly the deliberations of the society, and the published specimens of their doings, evince an excellent spirit, while they show how much may be accomplished by systematic industry.

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*Boston Quarterly Homœopathic Journal.*—Otis Clapp, Esq. has commenced a republication of this work, which is conducted by Drs. Birnstill

and Tarbell, of Boston. It is the intention of these gentlemen to give it more of an American character than Homœopathic periodicals have generally had in this country. It is regarded as a curious circumstance that there are already several sects of Homœopathists—one believing in one crotchet, and another in another. Some have the hardihood to intimate that the conductors of the new Quarterly actually have a returning respect for their first love, Allopathy. We shall watch their course, and give them credit for every good thing they may say.

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*Medical Society of Georgia.*—The excellent address before this well-sustained institution at its third anniversary, has been unnecessarily long on the way; or perhaps the publisher had too many jobs on hand to put the manuscript in press till the eleventh hour. It was delivered by Henry F. Campbell, M.D., a vice president, and is distinguished for sound sense and appropriateness. It relates to *the difficulties and privileges of the medical profession*. Without knowing precisely what these are in Georgia, we can speak for Massachusetts—the difficulties are many and the privileges few. However, Dr. Campbell made a pleasant and instructive discourse, which must have been received with approval. His organ of hope is large, his benevolence still more so, and conscientiousness gives vigor to the language he may utter, when the topic relates to duty or moral obligations.

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*Tourniquets on Railroads.*—Several of the English Railroad Companies, and especially the Midland, have a supply of these very important instruments on board, which are often eminently serviceable in case of accident, till a surgeon can be called. They should be kept by the conductors of our American roads also. Many a death occurs from hæmorrhage in cases of crushed limbs, wounds of blood vessels, &c., before surgical assistance can be had. Should the public papers assist in promulgating this sentiment, the boon would soon be secured.

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*Extent of Professional Obligations.*—By the following report of a case recently before the public in England, we gain an idea of the views of the people of that country in regard to the responsibility attached to one class of professional duties, which it may be proper to have defined in the United States.

“Mr. Bourne, a surgeon practising at Wellon, near Bath, was tried at Wells Assizes for the manslaughter of Ann Noakes, who died, on the 21st of June, in consequence of excessive hæmorrhage after a very difficult delivery. The case was one of “arm presentation.” Mr. Bourne was called in because the poor woman had not an order on the parish-doctor; he attended her for nine hours, but left the house at four in the morning, to go to the assistance of a farmer’s wife named Parker, to whom he was engaged. The cardinal point of the trial was, practically, the question whether Mr. Bourne was justified in leaving Ann Noakes in the hands of midwives at a critical stage of her trouble. Before he departed, however, he told the women that they must instantly send for Mr. Marsh, the parish-doctor. Mr. Marsh lived six miles distant, and could not reach Wellon until six o’clock; thus leaving her in great danger for two hours. Mr. Marsh accomplished the delivery with instruments, and the woman died



with excessive hæmorrhage. Evidence was taken to show that Mrs. Parker, the woman to attend whom Mr. Bourne left Ann Noakes, was in great danger; and it was shown that although Mrs. Parker was delivered at half-past four, Mr. Bourne was obliged to remain with her until half-past six. Two medical men were examined upon the point as to whether it was dangerous to leave the patient for an hour; and both decided that by all ordinary calculations it was not. One thought that a surgeon ought *not* to leave one patient whose life was in danger, to attend another to whom he was engaged. They also thought that a patient ought not to be removed for less than one hour after delivery. Some evidence was brought to show that Mr. Bourne was a kind man and well spoken of by the poor. The Jury returned a verdict of 'Not guilty,' and the audience applauded."

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*Medical Society of Virginia.*—A spirited meeting of this society was held in April, but by some reason unrecorded, the transactions, faithfully printed, did not reach this section of New England till last week. Dr. James Beal, of Richmond, was elected President, to succeed Dr. Wellford, an accomplished medical officer. The Constitution is liberal, and yet guarded—just what we always expect in Virginia—honor, dignity, liberality and soundness. There can be no mistakes made in following the letter of the law. Dr. Wellford's address was received with eclat. It is energetic in language and bold in asserting the rights of the profession.

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*Medical Feuds.*—By an article on hydropathy, in the Philadelphia Journal of Homœopathy, it seems that the infinitesimal gentlemen have no confidence in the professors of the water system of medication. They express a proper degree of horror for any thing so shockingly unscientific as water, as a remedial agent. Now both schools utterly condemn and abominate the regular practice; and it is a little singular they should thus quarrel among themselves.

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*Concentrated Chloric Ether.*—Messrs. Philbrick, Carpenter & Co., 160 Washington st., Boston, are manufacturers of Chloric Ether on a large scale. Dr. Hayes, the chemist, and the most eminent surgeons of this metropolis, certify to the purity of the article. In these times of distrust, when deaths have repeatedly resulted from the administration of a base preparation in which are the seeds of speedy death, and in which fusel oil has been detected by Dr. Jackson, it is important that the medical public—surgeons, dentists, and others who are the large consumers—should know where they can procure an unobjectionable and reliable anæsthetic agent. We can bear testimony to the excellent reputation of the house above alluded to.

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*Decay of the Deciduous Teeth.*—A letter to the celebrated Dr. Daniel Drake, on the premature decay of these organs, embodies some curious facts, besides embracing the opinions of eminent authorities in regard to the causes. Why a gentleman who has written so well, should imagine it expedient or necessary to sign any thing short of his whole name, is a question. He might as well have had the honor of being the author, which would have made him authority in turn, as to have left it in a way to ex-

ercise less weight than the pamphlet actually merits. It is a mistake which medical writers frequently run into, either from excessive modesty, or a fear of committing themselves—neither of which ought to influence them. In an honorable profession, whatever any one knows or feels to be of consequence should not only be freely communicated for the common good, but certified to by the name of the person who propagates it.

*Medical Miscellany.*—On the Ill. River bilious fever is alarmingly fatal. —In Scott county, Missouri, cholera is fearfully destructive. —Cases of yellow fever are announced in Charleston, S. C.—People are injuring themselves by drinking too much soda-water. When taken moderately, it is a refreshing, grateful beverage—but its use is greatly abused in cities. —Dr. Shelby is the Speaker of the Missouri House of Representatives. —Liebig has been appointed Professor in the University of Munich, and Director of the Chemical Laboratory, with a salary of \$16,000 francs. —Cholera still continues active at several places west. —Dr. Palmer has left the Medical School of Buffalo, and accepted the Anatomical Chair at Louisville University.—Dr. E. M. Moore, of Woodstock, Vt., goes to Buffalo. —Dr. Flint, of Buffalo, succeeds Dr. Drake, at Louisville, and Drs. Cobb and Drake have taken professorships in Cincinnati.—In the University of Edinburgh, the medical faculty state that from 1796 to 1831 the proportion of rejected candidates for the doctorate had increased from one in fifteen to one in five. —A woman has been killed at York, England, by sleeping in a room where a bottle of nitric acid, forgotten for twelve years, had been accidentally broken. —Rogers, the poet, is 94, and in fine health.—A bronze statue of Dr. Jenner is nearly ready to be set up in London. The money raised here was for that purpose. —Cholera is raging in Prussia, alarmingly. —Dr. Josiah Bartlett, of Concord, Mass., an estimable physician, was run into by some drunken fellows a few days since, thrown from his carriage and had one of his legs badly fractured. —The cholera has disappeared from Cincinnati.

TO READERS AND CORRESPONDENTS.—The number of the Journal for this week will be found considerably enlarged. Several interesting and valuable papers will be found in it, on the subject of a southern residence for northern consumptive invalids—the writers of which all concur in the opinion that something more than a *winter* residence is generally needed. Some interesting papers, previously acknowledged, still remain unpublished. The following additional ones have been received:—Obituary notice of Dr. Spencer; Dr. Abbe's case of Extreme Dyspnoea and Expectoration; Dr. Williams's case of Carcinoma Oculi.—Subscribers are reminded that the new postage law, which favorably affects the circulation by mail of this Journal, goes into operation next month.

DIED.—At Fort McCoy, East Florida, Lucius Kneeland, M.D., 30, a native of Waterbury, Vt. He was a man of rare promise, and his sudden death is a public calamity.—In Hartford, Conn., Dr. Joel A. Wing, of Albany, N. Y.—In Philadelphia, Geo. W. Patterson, M.D.—In England, in the 75th year of his age, J. P. Vincent, Esq., and late Senior-Surgeon to St. Bartholomew's Hospital. —In the Island of St. Kitts, W. L., on the 23d day of May last, Robert Cleghorn Rees, M.D., past member of the Tremont Medical School, and graduate of Mass. Medical College, aged 30.

*Deaths in Boston*—for the week ending Saturday noon, Sept. 18th, 79.—Males, 34—females, 45. Abscess, 1—accidental, 2—disease of bowels, 3—inflammation of bowels, 4—disease of brain, 1—inflammation of brain, 1—consumption, 8—cyanosis, 1—cholera infantum, 7—cancer, 1—croup, 2—debility, 1—dysentery, 8—diarrhoea, 2—dropsy, 1—dropsy of brain, 4—drowned, 1—typhoid fever, 3—gangrene, 1—gravel, 1—disease of heart, 1—intemperance, 1—infantile, 4—inflammation of lungs, 3—disease of liver, 1—marasmus, 1—old age, 2—peritonitis, 1—scrofula, 2—teething, 8—tumor, 1—worms, 1.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 22—between 40 and 60 years, 2—over 60 years, 5. Americans, 35; foreigners and children of foreigners, 44. The above includes 8 deaths at the City institutions.



*Cholera in Buffalo.*—Dr. F. H. Hamilton read a report to the Buffalo Med. Association on the 2d of August, respecting the cholera in that city, in which he accounts for the breaking out of the disease in one of the streets of the city, by the digging up of the street for the purpose of laying water pipes. The location has been a healthy one, though not elevated, the houses mostly brick and well-ventilated, and sewerage good. The ditch dug for the water pipes was  $4\frac{1}{2}$  feet deep, 2 feet wide, and 200 yards long, and the number of dwellings fronting upon the street twenty. The soil was—for one foot under the pavement, a coarse sand; then a rich loam averaging one foot; then a sand of a reddish or yellow color—the clay bed underneath not being reached. The ditch was commenced on Saturday, July 24th, and closed the next Thursday. The following paragraph from Dr. Hamilton's report, published in the Buffalo Medical Journal, furnishes briefly the more important additional facts.

"We have thus occurring within the distance of a few rods each way from the centre of the ditch, near the intersection of North Division with Ellicott, nineteen cases of diarrhœa, with manifest cholera tendency (all being so ill as to require medical attendance), or with actual cholera; and of these, nine have died. Of the six whose illness commenced on or before Tuesday, four have died. Of the six attacked on Wednesday, five have died; and of seven attacked on Thursday, none have died. Since Thursday no new cases have occurred in that neighborhood. In twenty families living upon the street, the epidemic has shown itself in nine or ten."

*Ice as a Local Anæsthetic.* By W. A. BERRY, M.D., Washington, D. C. —This agent was first made use of in the wards of M. Velpeau, during the past summer, in Paris, by one of his internes, and the removal of the nails of toes and fingers effected without pain. The ice is powdered finely and mixed with a sufficient quantity of salt; next enveloped in a thin cloth, and the two phalanges of the great toe or thumb enveloped in it; the application should not be continued over five or six minutes, this time being sufficient to produce the most perfect anæsthesia. M. Velpeau proceeds with the operation in the following manner: Immediately upon removing the ice, the nail is divided in its length with a common-sized bistoury from its free extremity to the root, then seizing each half successively with a strong forceps, it is removed with a moderate *jerk*. The frequent necessity for the performance of this operation, and the great pain attending it when removed under other circumstances, is sufficient to cause its universal application by the profession. M. Velpeau directs the application of compresses of cold water to the part during the first twenty-four hours; and the simple cerate dressing for a few days is all that is required.

It may be objected that the reaction under the application is such as to prevent its use; I will simply say that of the six patients that I saw operated upon by M. Velpeau, no such accident occurred to any of them; and to the one case in which we applied it but a few days since (and which has suggested this communication), we have reason to believe that the agent is free from any unhappy results.—*The Medical Examiner*.

DR. JOHN HASTINGS, of San Francisco, California, in a letter to one of the editors, says that he has found a very certain and easy method of introducing iodine into the system in cases of phthisis by means of inhalation. A small quantity of dry iodine is placed in a tumbler or cup in the chamber of the patient, and allowed to escape by volatilization.—*Ibid*.

# MEDICAL JOURNAL ADVERTISING SHEET.

**JEFFERSON MEDICAL COLLEGE.** Session of 1852-53.—The regular Course of Lectures will commence on Monday, the 11th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held *early in March*, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, *two thousand and twenty-nine* cases were treated, and *three hundred and eight* operations performed. Amongst these were many major operations—as amputation of the leg, thigh, arm, hand, mammae, &c., trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy, and the Demonstrator.

*Fees.*—Matriculation, which is paid only once, \$5. Each Professor fifteen dollars, \$105. Graduation, \$30. The number of Students during the last Session, was 506; and of Graduates 228.

R. M. HUSTON, M.D.,  
Dean of the Faculty,  
No. 1 Girard st., Philadelphia.

Aug 18—101

**DISEASES OF THE EYE AND EAR.**—Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House.  
February 14, 1843. eptf

**WHITE'S NITROUS OXIDE WATER.**—Physicians and Druggists can be supplied with this article by the manufacturer.

EUGENE ROUSSEL,  
Aug 11—3m\* 44 Prune St., Philad.

**GERMAN SALACINE.**—For sale at 160 Washington st., by PHILBRICK, CARPENTER & CO. Oct. 16.

**CUCUMBER OINTMENT.**—Prepared and sold by PHILBRICK, CARPENTER & CO. Oct. 16.

**TOBACCO OINTMENT, COMPOUND.**—Prepared and sold by PHILBRICK, CARPENTER & CO., Chemists, 160 Washington st., Boston. Nov. 31.

**PHILBRICK, CARPENTER & CO.,** (late Philbrick & Trafton),  
PHYSICIANS' DRUGGISTS AND CHEMISTS  
(Members of the Massachusetts Medical Society),  
160 Washington street, Boston.

B. CARPENTER, M.D.,  
S. R. PHILBRICK, M.D.,  
L. ATWOOD, Chemist, July 16

**THE PHYSICIAN'S ACCOUNT BOOK**  
—Copies of this work, which has been favorably noticed by the editor of the Journal, are for sale at this office, and at 31 and 32 Cornhill. Each book contains Day-Book, Alphabet and Leger. The Day-Book of the smallest size comprises space for 60,000 charges. Price, smallest size, \$2.50; larger sizes, \$3.75 and \$5.00.

N. B.—This new FORM OF PHYSICIAN'S ACCOUNT Book received a diploma at the late Fair of the Massachusetts Charitable Mechanic Association. Nov. 20.

**NEW YORK MEDICAL COLLEGE.**—The next Annual Course of Lectures in the New York Medical College, will commence on Wednesday, 6th of October, 1852, and continue five months.

HORACE GREEN, M.D., President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M.D., Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M.D., Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M.D., Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M.D., Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M.D., Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PEASLEE, M.D., Professor of Physiology, Pathology, and Microscopy.

JOEL PARKER, LL. D., Professor of Medical Jurisprudence.

C. C. ALLEN, M.D., D. D. S., Lecturer on Dental Pathology and Dental Surgery.

D. S. CONANT, M.D., Demonstrator of Anatomy. A preliminary Course of Lectures will commence on Wednesday, the 22d of September, which will be independent of the regular Course, and will be free to all Medical Students.

The dissecting rooms will be opened for Classes on the 1st of October.

This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of the Microscopic Models.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

*Fees.*—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course, \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,  
Dean of the Faculty.

New York Medical College,  
East Thirtieth st. near Broadway. }  
Aug. 25

**D. R. N. QUINCY TIRRELL, M.M.S.S.,** Physician and Surgeon, North Weymouth, (King Oak Hill), Mass. Dr. Tirrell devotes particular attention to the medical treatment of Lung and Uterine Diseases—in connection with the general practice of medicine. April 28—1f

**JOSEPH BURNETT, No. 33 Tremont Row, Boston,** begs to inform gentlemen of the Medical Profession that he is prepared to furnish every important article used by Physicians and Surgeons, of the best quality, at fair prices, including *Genuine Drugs, Pure Chemicals, Select Powders, Superior Extracts* (both solid and fluid), and other desirable pharmaceutical preparations and new remedies too numerous to mention.

Also, a full assortment of *Surgical and Dental Instruments and Apparatus*, from the best American and European manufacturers.

Orders executed in London and Paris at short notice. March 17—1f

**ENGLISH HERBS.**—Leaves of Hyosciamus, Belladonna, Conium, Digitalis and Aconite, for sale by PHILBRICK, CARPENTER & CO. Nov. 13.

**CHIRRETTA**—A new Anti-periodic, just received by PHILBRICK, CARPENTER & CO., 160 Washington street, Boston. Aug 6

**A PHYSICIAN**, who has been in practice five years, wishes to become associated with, or take the place of some physician who enjoys a larger practice. Satisfactory recommendations given. Inquire at this office. Sept. 8—1f

**A PHYSICIAN**, located in one of the finest farming towns in New Hampshire, in good business, having taken the Western fever, offers to dispose of his Stand and Practice on reasonable terms. Inquire at this Office. March 24—eowt1f



# MEDICAL JOURNAL ADVERTISING SHEET.

## UNIVERSITY OF NEW YORK.—MEDICAL DEPARTMENT.—SESSION OF 1852-'53.

### FACULTY OF MEDICINE.

VALENTINE MOTT, M.D., L.L.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTYN PAINE, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPEE, M.D., Professor of Chemistry and Physiology.

ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

MEREDITH CLYMER, M.D., Professor of the Institutes and Practice of Medicine.

WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.

WILLIAM DARLING, M.D., Demonstrator of Anatomy.

GEORGE A. PETERS, M.D., Prosecutor to the Professor of Surgery.

ALEX. B. MOTT, M.D., Prosecutor to the Emeritus Professor of Surgery.

JOHN W. DRAPEE, M.D., President of the Faculty.

**COURSE OF INSTRUCTION.** The Courses of Lectures given will be on Anatomy, General, Descriptive, Surgical and Pathological; Surgery; Materia Medica; Therapeutics; Institutes and Practice of Medicine; Obstetrics and Diseases of Women and Children; Chemistry and Physiology. These courses are arranged in such a way, that six lectures a day are given, except when clinics intervene. The clinics are—

1. *An Obstetric Clinique* every Monday, from 2 1-2 to 4 1-2 o'clock, P. M. This clinique was first established by Professor Bedford in October, 1850, and from that time it has met with constantly increasing success. More than 1700 cases of the most interesting diseases of women and children have been presented at it. So great are the facilities of the city of New York in this respect, that it may be truly said, that nowhere else do such opportunities exist for the study of this department.

2. *A Surgical Clinique* every Tuesday, from 2 1-2 to 4 1-2 o'clock, P. M., under the charge of Professor Mott. All surgical operations which may be necessary, are performed in presence of the Students. The senior students have the privilege of attending the patients at their houses, under the direction of the Professor.

3. *A Medical Clinique* every Wednesday, from 2 1-2 to 4 1-2 P. M., under the charge of Professor Clymer. In this Clinique every variety of disease will be brought before the Class, and special attention will be given to maladies of the chest, auscultation, percussion, &c. The patients will be given in charge of the senior Students, to be attended under the direction of the Professor.

4. *A Surgical Clinique* every Saturday, from 10 to 12 o'clock, under the charge of Professor Post. This is conducted in the same manner and upon the same principles as the Tuesday Clinique.

**PRACTICAL ANATOMY.** The session during which the dissecting-room will be open for Students, will occupy five months, commencing the first day of October, and terminating on the first day of March following. During the month of October, the room will be open from 8 o'clock, A. M., till 5 o'clock, P. M., and it will be the duty of the Demonstrator to attend there regularly during that month, from 10 o'clock, A. M., till 1 o'clock, P. M., and to devote himself assiduously to the instruction of the pupils in the art of dissecting, and in the acquisition of anatomical knowledge. During the months of November, December, January and February, the dissecting-room will be open from 8 o'clock, A. M., till 10 o'clock, P. M.; and it will be the duty of the Demonstrator to be in attendance from half-past 2 o'clock until 4 o'clock, and from half-past 7 o'clock until 10 o'clock, P. M., and to devote himself to the instruction of the dissecting students. The students on the payment of the fee for the dissecting ticket, (five dollars) will be entitled to all the privileges of the dissecting-room, and will likewise be furnished with soap and towels for washing. No extra charges will be made them on any account whatever, except for their subjects, and the injection of subjects, and it shall always be optional with the students to have them injected or not.

**REGULATIONS FOR THE TERMS OF LECTURES, &c.—REQUISITES FOR GRADUATION.** The Lectures commence on Monday, the 18th of October, and are continued until the last day of February following.

The Examinations for Degrees will commence

about the first of March, and will be continued daily, until the candidates shall have been examined.

The following are the requisitions for the Diploma:

1st. The candidate must be 21 years of age.

2nd. He must have attended two Courses of Medical Lectures; one of which must be delivered in the Medical Department of the University of New York.

3d. The Candidate must have studied Medicine for three years (the terms of attending Lectures being included in these), under the direction of a respectable Medical Practitioner.

4th. He must write a Medical Thesis, either in the English, Latin, or French Language.

Two Commencements take place annually in the University, at either of which Candidates who have complied with the above requisitions may graduate.

The first takes place early in the month of March, and the other about the middle of the month of July. The great body of the Candidates will, no doubt, graduate at the Spring Commencement; but those who wish to postpone it will have the opportunity of coming forward in July.

The Examinations for degrees are conducted in private by the Professors individually.

### FEES FOR THE WINTER COURSE.

Full Course of Lectures, . . . . .	\$105.00
Matriculation Fee, . . . . .	5.00
Practical Anatomy, . . . . .	5.00
	\$115.00

Students on arriving in town will call at the College in Fourteenth st., between Irving Place and Third Avenue, and inquire for the Janitor, Mr. Polman, who will provide them with boarding-houses.

Letters may be addressed to Dr. Draper, President of the Medical Faculty, University, New York.

June 30—cawtN1

**ELIXIR OF OPIUM.**—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called McMan's Elixir. This is a preparation of Opium without Narcotine, and the strength is the same as Tinct. Opil. Manufactured by

**PHILBRICK, CARPENTER & CO.**

Successors to PHILBRICK & TRAFTON, Chemists.

July 23.

**MANGANESE.**—Sulphate, Carbonate, Chloride, Iodide, Tartrate, Malate, Acetate and Tannate, Syrup Iodide Manganese.

Manufactured and sold by

**PHILBRICK, CARPENTER & CO.**

Manganese and its preparations have been used in France with great advantage in cases of Chlorosis, Phthisis, Scrofula, Scirrhus, Constitutional Syphilis, &c. &c. Observations and results may be found in Braithwaite's Retrospect, No. XX. O16

**SURGICAL INSTRUMENTS.**—*Philbrick, Carpenter & Co.*, have for sale Pocket Cases of Instruments, Pocket Cases of Phials for carrying medicines, Cupping Cases, Dissecting Cases, Breast Pumps in cases, do. Gum Elastic, Nurse Bottles, Nipple Shells, Breast Pipes; Catheters, male and female, single and double, of silver and gum elastic; Bougies for urethra and rectum; Syringes, self and common; Maw's self-injecting Instruments; Pessaries; Hutchinson's Aperitive Fountain; Speculums, vaginal and rectal; Pill Syringes, for administering solids by the rectum; Stomach Pumps; Stomach Tubes, to be used with a common syringe; Glass Inhalers, for administering medicated vapors; Ramsdell's Inhaling Tubes; Teeth Forceps, Scarificators, Crain's Supporters, Shoulder Braces and Suspensory Bandages of every description.

Nov 13.

**PURE COD LIVER OIL.**—The true medicine. Cod Liver Oil, prepared expressly for our trade, and warranted equal to any in the market. For sale wholesale and retail by **PHILBRICK, CARPENTER & CO., Chemists, Boston.** Dec. 17.

**TINCTURES** from English leaves of Hyoscyamus, Conium, Digitalis, Belladonna, and Aconite Tinct. Indian Hemp. These Tinctures are of official strength. Sold by **PHILBRICK, CARPENTER & CO.** Nov. 6.

**TANNIC ACID.**—American, English and German Tannic Acid of superior quality, for sale by **PHILBRICK, CARPENTER & CO., Chemists, and Physicians' Druggists,**

Oct. 16. 160 Washington st.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVII.

WEDNESDAY, SEPTEMBER 29, 1852.

No. 9.

## PUERPERAL CONVULSIONS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The two following cases of puerperal convulsions are copied from my note-book, and are the only marked instances of such convulsions occurring in ten years' practice in this city, while attending over six hundred obstetric cases.

Nov. 7th, 1851, I was called in haste to see a patient a few rods from my office, and found an English woman lying upon the floor in an unconscious state. I learned that her husband had left her early in the morning for his work in the mill, apparently as well as usual, though she had been complaining for some weeks with severe headache, and had taken the night before a large portion of castor oil. As they occupied rooms alone, no one saw her till he came in to dinner at half past 12 o'clock, when I was called. What had passed that forenoon, or how she had been, no one could tell. It was evident she had been very sick. We found her physic had operated freely, and that she had made her bed, and there were appearances of her having laid upon it, and perhaps fallen off, as she was then on the floor. With much difficulty she was aroused to look up, though wildly, and recognizing no one—not even her husband—falling again into a profound sleep.

She was about eight months pregnant for the first time; had had, during this period, remarkable good health, and never complained of anything but occasional headache; had had no pains or symptoms of labor. Her pulse was strong and full, about 100. She appeared plethoric, had a strong constitution, with a short thick neck, and all the physical indications to make her a candidate for puerperal convulsions. I bled her about 16 ounces, and prescribed small doses of antimony, thinking that she might have ate something that morning to injure her; directed cold applications to be applied to the head, and mustard drafts to the feet. I left, requesting the attendants to inform me if there was any change. About two hours after, I was informed that she was having most violent fits, and on reaching her I bled her again about the same quantity as before. On making an examination I found the os uteri slightly opened, but could not discover any signs of labor or contractions of the uterus. She still remained unconscious, lying in a profound state of coma with stertorous breathing, and it was almost impossible to get



her to swallow anything. She had had then several violent convulsions, involving apparently every part of the body. Almost every muscle and limb assumed all manner of contortions. The galvanic battery could not have produced more powerful or a greater variety of movements in the physical system.

It was now 5 o'clock, and I left, intending to return shortly. Between 6 and 7 in the evening I called again. Found she had had more convulsions, and, on examination, that labor had fairly commenced—not so much by any apparent pains, as by the opening of the os uteri and the descending of the fœtus into the pelvis. Finding her pulse still strong and full, I bled her the third time, though much less in quantity. The convulsions still continuing, I determined to use the forceps as soon as it was possible. About 8 o'clock the head of the fœtus had reached a point where I was able to apply the forceps; and after using considerable force—in the mean time the patient had a most violent convulsion, lasting several minutes—I succeeded in delivering the child, which was dead. It would weigh about ten pounds. After removing the placenta, applying a bandage, directing the attendants to keep the head cool and the feet warm, prescribing two drops of croton oil every two hours till it operated as a cathartic, and finding she had no return of convulsions for an hour after delivery, I left about 10 o'clock.

In the morning I found her unconscious—her bowels had moved freely without her noticing it. She had had, during the night, several convulsions, though not so violent. But she could not be aroused to know any one, or even to swallow much of anything. Her pulse was about 90, and rather weak, with considerable heat of the head. I removed her urine by the catheter without her noticing it, though the quantity was small. Directed cold applications to the head, and bottles of hot water to the lower extremities, as they were inclined to be cool, and there was not much lochial discharge then.

In the evening I found her about the same. She had had several convulsions during the day, but shorter and lighter. The same treatment was continued, except enjoining the nurse to give nourishment and some wine during the night as soon as the patient could be made to swallow. The next morning I found her still unconscious—lying in a profound sleep. She had had several slight spasms through the night, and taken scarce any drink or nourishment. But her symptoms, as a whole, appeared more favorable. I directed some croton oil, which operated kindly several times during the day. Towards night she seemed more conscious, and recognized her husband.

The next morning I found her better, and apparently out of all danger. She recollected nothing that had occurred—did not know she had been delivered of her child. The last thing she remembered was of making her bed Friday morning about 8 o'clock. She remained in an entirely unconscious state more than forty-eight hours, and had from forty to fifty convulsions during this period. She got up well from her confinement, has had good health since, is now about six months pregnant again, and I have just bled her freely.

CASE II.—March 6th, 1852. About 9 o'clock, A.M., I was called

to see a young woman, aged 18 years, lying in an unconscious state, under the following circumstances. She was near her first confinement, but had had no pains or symptoms of labor; ate the day before an unusually hearty meal, and, while alone in her chamber, between 3 and 4 o'clock, P.M., was heard to fall on the floor; was found in a violent convulsion, lasting half an hour. She gradually came out of it, seemed to have her senses perfectly in the evening, and vomited freely in the night.

Early in the morning she had two more convulsions; was taken suddenly while getting up and cheerfully engaged in conversation. I found her pulse full and strong, over 90. I bled her about 20 ounces. Found there was no signs of labor—could not discover that the os uteri had begun to dilate. She showed no consciousness from the bleeding or examination. I directed the head to be kept cool, warm fomentations to be applied over the abdomen, and, as she had been very costive, two drops of croton oil to be taken every other hour till it operated on the bowels. I called at 1 o'clock, P.M. Found she had had one convulsion—was still lying in a profound stupor, and her physic had not moved her bowels. I called again at 4 o'clock—she had had only two more convulsions, and her physic had operated powerfully. I bled her again about 16 ounces. The os uteri was slightly dilating. I called again at 9 o'clock in the evening. She had had only one or two more convulsions—no symptoms of labor appeared, except a little progress in the dilatation of the os uteri.

I was called up at 2 o'clock in the night, and learned that she had just had two worse convulsions than ever. At this time Dr. J. C. Dalton met me in consultation. We found the os uteri then so much dilated that we were able to rupture the membranes. We directed ergot to be given freely, which was followed up several hours without much apparent effect, though it was a part of the time vomited up. Towards 10 o'clock, A.M., labor pains commenced, and continued regularly until 1 o'clock, P.M., when the head was so low that I was able to apply the forceps and immediately delivered the child, which, to my surprise, was alive. The patient had only two convulsions after delivery, but continued in a state of great stupor till Tuesday noon. In the meantime she had passed her urine freely, and had had thorough evacuations of the bowels, without any consciousness. She had no recollection of anything that transpired after Saturday morning; had had more than fifteen violent convulsions, and passed more than three days in an entirely unconscious state. The child appeared perfectly well for several days, but died suddenly in a spasm in the night. The mother got up well, and has enjoyed good health since.

NATHAN ALLEN.

*Lowell, Aug. 23d, 1852.*

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#### THE LATE DR. HARMAN, OF PAWLET, VT.

[Communicated for the Boston Medical and Surgical Journal.]

DR. OLIVER S. HARMAN died at Pawlet, May 23d, 1852, of general dropsy. He was in the 83d year of his age, and the 58th of his medi-



cal practice. Dr. Harman was of poor, but respectable, parentage. He was the sixth lineal descendant of Capt. John Harman, a seafaring man, who was born in 1617, and emigrated from England to this country about 1640. Dr. Harman was born in Suffield, Conn., January 19th, 1769. His father, Elijah Harman, died in the beginning of the revolutionary war, of camp distemper, which carried off so many of the noble-hearted men of those days. Dr. H., at that time quite young, left, as he was, without a father to guide and counsel him, was given by his mother into the hands of an uncle, with whom he lived until near his majority. During this time he obtained a good common education. He then entered upon a course of study preparatory to the practice of medicine, under the instruction of Dr. Granger, of Suffield. With him he learned enough of the Latin to pursue his studies with facility. Encouraged by what knowledge he had acquired, after one year and a half, with Dr. G., he placed himself under the tuition of Dr. Hamilton, of Enfield. With him he remained two years. Dr. Harman then became the pupil of Dr. Woodbridge, of North Hampton, Mass., with whom he closed his studies.

In 1794 Dr. Harman married Miss Silence Sheldon, of Suffield, who, with five children, still lives to mourn the loss of a devoted husband and kind father.

Dr. Harman began the practice of medicine in this town in August, 1794. He entered at once upon the arduous duties of his profession, and pursued them for over half a century, with untiring zeal, and a devoted love for the honor of his chosen calling. The early part of his practice was full of toil. Many were the hardships he passed through. Day and night he was upon his horse, riding from house to house, over hills, through storms of rain and snow, giving aid to the sick, comforting the afflicted, and ministering to the wants of all classes. He was generous and free-hearted. He not only gave medicine to the sick poor, but he gave them bread. His kind hand was ever ready to help, and his heart was full of sympathy. He was truly the poor man's friend. His long life of toil and usefulness has won the love and respect of all who knew him. If he has an enemy, I know not where to find him. Dr. H. was an honest man, an independent thinker; he had a great love for books, especially for history. He kept well posted up in all the new things and theories of his profession. He was for many years a subscriber to the *Boston Medical and Surgical Journal*. He took a lively interest in the ether discussions of 1847, and decided that Dr. Horace Wells was entitled to the honor of the discovery. Though an unassuming man, he decided everything for himself. In early life he imbibed infidel principles, and held to them until about twenty years ago, when he renounced his error, became a believer in our holy religion, and united himself with the Congregational church in this village. From that time to his death he was a consistent member of the church and a devoted christian.

Many good and useful men, who have served faithfully the people of their generation, have gone to their graves forgotten, because no friendly hand has appeared to record their names.

A. S. HOUGHTON.

*Pawlet, Vt., Aug. 30, 1852.*

## M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

## SEVENTH LETTER.

MY DEAR FRIEND,—From this fact alone, viz., that chancres have been submitted to a treatment called methodical, it has been thought that the consecutive accidents of a constitutional infection, which ought to be the result of chancres, could be attributed to a blennorrhagia which came on afterwards. M. Baumès pretends to prove it in one of his five observations. But what is a methodical treatment? What is the treatment upon which we can absolutely depend for neutralizing effectually the syphilitic diathesis? For myself, I do not know of an infallible one. I well know that a great number of very distinguished practitioners think that with a certain dose of mercury, administered during a given time, we ought to consider the patients as radically cured. And in order not to go beyond the limits of my hospital, I shall cite my very honorable colleague, M. Vidal, who has recently given out, that with one hundred and ten of Dupuytren's pills, neither more nor less, we ought to put an end to syphilis.

As regards creeds, I am the most tolerant man in the world. Nobody more than myself respects the religion of others; but I have the right, it appears to me, to refuse a participation in all their convictions, when I see every day the proof of the great errors into which a blind faith may conduct one.

M. Vidal ought to have seen many patients return; and if this has not happened to him, let him permit me to say, that I myself have seen a great number of those, who have not only taken the one hundred and ten sacramental pills, but even 120, 150 and more, all of which has not prevented the symptoms from re-appearing.

I shall not longer insist upon this point, for I shall have occasion to return to it later. What I want to establish here, is, that those persons are often deceived who have thought that they ought to ascribe accidents of constitutional syphilis to a blennorrhagia which has come on after a chancre, from the simple fact that the chancre which had preceded, had been submitted to a mercurial treatment.

Here is a point more astonishing, something which will surprise your reason and baffle your logic.

My opposers have established several categories of veroles, according to their origin and their source.

Thus they admit, and in this they are perfectly right, that constitutional syphilis can be transmitted by way of inheritance.

They assert, and they have pretended proofs for this assertion, that constitutional syphilis can be taken *d'emblée*.

They assert, and they publish facts for the support of this assertion, that sometimes no kind of antecedent to constitutional syphilis can be found, although they do not dare to ascribe it to the syphilis *d'emblée*.

They pretend that an individual under the influence of a syphilitic diathesis, without present manifestations, without apparent symptoms, can, however, under certain circumstances, transmit syphilis.



They maintain that the duration of the incubation of syphilis should be unlimited, that the manifestations of the contagion should appear as well after a few days as after a few months, as after several years, twenty, thirty and more.

All these categories, all these distinctions, you will find established particularly in the writings of M. Cazenave; but upon what grounds? Here is what I in vain ask myself. I inquire by what process, by what means of diagnosis, we can come, in a patient affected by a constitutional verole, to attribute this disease to one of these circumstances rather than to another.

Has hereditary syphilis, after early infancy—and we shall hereafter see that its effects can be prolonged—a special symptomatology? Can constitutional syphilis, *d'emblée*, be distinguished from the other kinds by any pathognomonic sign? Do the cases of verole in which the antecedents have not been made out, give rise to disorders different from those in other cases? What is a verole without antecedents, unless it is a verole *d'emblée*? Do we find that those cases of syphilis which have succeeded to simple blennorrhagia, assume forms less grave, or have less extended seats, as M. Baumès pretended to find in writing his book, but which he has not been able to meet with in his practice?

I answer boldly, no, to all these questions. Constitutional syphilis presents a symptomatology alike in all cases; and it is not I who prove it, it is my opposers themselves. Read again their writings, and see if you can find in the descriptions given by MM. Cazenave, Baumès, &c., one single characteristic trait which justifies these arbitrary distinctions.

Again, one thing in my opponents astonishes me. How does it happen that in these cases of constitutional syphilis, whether *d'emblée* or without antecedents, when it has been impossible for them to be assured of the conditions of the contagion—to state precisely the when and the how—if it is well proved that the patient has presented no primitive accident, they having found no door of entrance to the verole; when they are well convinced that the patient is not mistaken, and that he has no motive in deceiving; when, in fine, they have the certainty of not being themselves deceived; I am astonished, I say, that they do not admit what Cullerier admitted to explain the inexplicable cases, viz., spontaneous syphilis in man.

M. Richard des Brus has made this great step. Among other facts which brought him to this conviction, he cites one which is very curious. A young man and a young woman yield themselves to the pleasures of love. In his ardor the young man scratches himself with a hair of his mistress. He does not stop for such a trifle, and he does so well, that he communicates his *écorchure* to his mistress. The amorous couple are soon simultaneously affected with constitutional verole. M. des Brus, who had examined neither of them, did not the less admit a previous good state of health; but not being able to explain the appearance of the verole, he declares it spontaneous.

I am not as far advanced as this learned colleague, and the so frequent opportunities that I have of seeing constitutional affection succeed to a well-determined primitive accident, causes me to rank the exceptional

cases, where the patient does not know or does not wish to enlighten me, and those in which I arrive too late to find the entrance of the syphilis, in the category of observations which M. Cazenave entitles *unknown antecedents*, and which I call *overlooked*. Alas! is it not more satisfactory for the mind, more conformable to our manner of reasoning in medicine, to admit in those cases where syphilis has really succeeded to a blennorrhagia not symptomatic of chancre, that the antecedent has not been *recognized*, rather than to lose one's self in that crowd of subtle distinctions, of arbitrary categories, and of sterile explanations? How, otherwise, will my contradictors undertake to prove to me what they say, and to convince me of error? It is not my habit to challenge any one; this sort of argument ought to be banished from scientific discussions; but I much wish that they would engage to prove to me once only, yea, once, that, in those cases where all my researches having been vain I have said *antecedents overlooked*—that they would prove to me, that something more affirmative could be substituted for this formula.

From this long discussion, my dear friend, it will appear to you without doubt legitimate to conclude—that if in this immense majority of cases, blennorrhagia is simple and benign, there exists also a virulent blennorrhagia; and that the blennorrhagia is virulent when there exists a concealed chancre in the urethra.

Now does the means of making the diagnosis of concealed chancre exist?

Is it possible to distinguish a simple blennorrhagia from a blennorrhagia with concealed chancre?

Here is the grand question. I commence the discussion of it.

Some persons have made light of the diagnosis of blennorrhagia. Hecker, and some others who have followed him, have not thought that the diagnosis was necessary. Very recently I read in your valuable Journal that the diagnosis had no relative importance. A certain number of physicians have retained ideas which have been in vogue, and which ought much to astonish the public.

Have you caught blennorrhagia from a wife who was not yours? Virulent blennorrhagia. The blennorrhagia is virulent for the lover, for the husband it is benign. You have contracted a blennorrhagia, and you ought to remain bachelor. Simple treatment. But you wish to marry. Antisyphilitic treatment. The position of bachelor, or of future husband, has the privilege of causing the blennorrhagia to pass from the benign state into a virulent state.

In a question as serious and as important as this, I do not wish to insist upon the ridiculousness of these contradictions. All have understood the necessity of a more strict diagnosis. The latest of my opponents, M. Vidal himself, with whom my proceedings in diagnosis have not found favor, has made some attempts in this matter. In the first edition of his Treatise upon External Pathology, he gave out the hope that it would be possible to distinguish a virulent discharge from a benign one, by the *odor*. This appears, and it is to be regretted that his hopes were not realized, for this passage disappears in the second edition.

I hold rather more to my ideas than M. Vidal appears to hold to his.



Will you, then, permit me to give out once more, both my ideas and my experience upon the diagnosis of blennorrhagia, and to examine the objections which have been made to them.

But I cannot treat of this subject in the short space which remains for me, not wishing to abuse to-day the generous hospitality which you afford my letters. This point will be the subject of my next epistle.

Yours, &c. RICORD.

#### EXTREME DYSPNŒA AND EXCESSIVE EXPECTORATION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—By request of Dr. Capen, of this city, I give you a statement of his case so far as it came under my own observation and treatment.

Dr. Robert Capen, aged 62, of spare habit and feeble constitution, has been troubled, from early manhood, with a chronic bronchitis and slight cough. His habits are perfectly temperate.

On the first of last April, after exposure, he was (he says) “attacked with a severe cold, producing a hoarse, dry and exceedingly harassing cough, loss of appetite, a sense of depression at the epigastrium, nervous irritability and vigilance.” Occasionally he suffered from slight pains in his chest. Ten or twelve days from the attack, he began to complain of dyspnœa, which increased to the third week, at which time he was greatly emaciated, and his legs and feet had become œdematous. The dyspnœa increased in intensity, until, on the 21st of April, it became insupportable, amounting to that distressful sensation which the French call *besoin de respirer*. Expectoration commenced in the third week from the attack.

Dr. C. had taken, during this period, with the advice of several medical gentlemen, infinitesimal doses of aconite, pulsatilla, digitalis, bryonia, stramonium, vegetable carbon, &c., with, as he states, “some relief, but without controlling the disease.”

At 2 o’clock, A.M., April 22d, I was hurriedly called to see him. He was sitting in an arm-chair, having been unable to lie down for nearly two weeks. He could with great difficulty articulate. Mind calm; pulse 135, feeble and intermittent; dyspnœa excessive; feet and legs œdematous; very little thirst; skin nearly natural in temperature and feel, and the tongue slightly furred. Functions of bowels and kidneys natural and regular. Had expectorated copiously and in gushes, with intervals of rest from the cough and expectoration. The sputa amounted for the previous twenty-four hours, as far as I could learn, to about four pints, consisting of colorless mucus, mingled with a large proportion of mucopus. Owing to the great difficulty of breathing, and excessive prostration of Dr. C., I omitted, for the present, the physical exploration of his chest, it being evident, that whatever was the state of his lungs, he was now dying from want of support—his vital energies being nearly exhausted, he did not possess sufficient power to relieve the overburdened lungs. The dyspnœa amounted almost to suffocation, his breathing a

mere panting, extremely short, quick and anxious ; neither did he derive any satisfaction or relief from his inspirations.

The following plan of treatment was adopted : R. Tr. bals. tolu, sulph. ether, āā ʒ ss. ; tr. lobelia inf., ʒj. M. Give ʒj. every three hours. One third of a tumblerfull of porter or ale every two hours ; or, if preferred, wine or brandy in small doses. Food every three hours in small quantities.

April 27th.—During the previous five days the general symptoms and expectoration remained nearly the same, with the exception of the pulse, which had fallen to 106, and possessing more volume and strength. At this time I made a partial exploration of his chest, for I had not expected he would live through any previous day since he came under my care. On the left side, rhonchus, sibilus and small crepitation were readily and clearly distinguished, with the exception of the lower half, which on percussion yielded no resonance, but presented a heavy sluggish sound. No air appeared to enter the lower lobe of the left lung ; its bronchi seemed to be exceedingly dilated, probably from the previous years of coughing, and the broad gurgling gave every evidence of a large cavity. May not the occasional copious expectoration have been the secretion from these dilated bronchi, which becoming filled, produced the sense of suffocation, until they were emptied by the coughing ? In the right lung sibilant râles and small crepitus were perceptible.

Prescribed—R. Gum ammoniac, tr. lobelia inf., āā ʒ ij. ; benzoic acid, ʒj. ; aquæ puræ, ʒvj. M. Give ʒj. every three hours, and omit the preparation of ether. Give half a tumblerfull of porter every two hours, or small doses of wine or brandy if preferred. Food every three hours.

May 3d.—For the last five days the amount of matter has slightly lessened ; the pulse generally 106 ; occasionally, if from any cause he neglected his diffusible stimulants, they would become 120 or 130, just in proportion to the omission. Other symptoms the same. Could not lie down. To the above treatment I added sulph. quinine, gr. ss., every four hours.

May 8th.—I had invited several of my medical brethren to visit Dr. Capen. Various remedies had been suggested, but none seriously advised, besides what have been already mentioned, except the following. R. Tr. Sang. Canad., ʒj. ; scillæ mar., ʒj. ; tart. antimon., gr. j. Fifteen drops of this were given, in place of the customary dose of the gum ammoniac preparation.

10th.—The preparation of antimony evidently failed to fulfil the indication for which it was prescribed. It was therefore omitted, and we returned to the preparation of gum ammoniac.

21st.—From the last date until this morning, there had been no change in the treatment. Pulse pretty uniformly 106 ; the expectoration had lessened, but continued of the same character ; appetite good. Had a great disposition to sleep, but was unable to lie down.

On visiting the doctor this morning, I found him supported erect in bed, with an extremely anxious countenance, respiration hurried, quick and short, and he was unable to utter a full sentence ; heart palpitating



with a strong convulsive motion, agitating his whole chest violently ; pulse intermittent, varying from 130 to 150, and extremely weak ; extremities cold, with great prostration of strength. The doctor at this time had given up all hope of recovery, and all who were acquainted with his precarious condition entertained the like opinion. On inquiry I learned that, unknown to myself, it had been determined to omit the remedies he had been taking for so long a time, and try the effect of a less vigorous treatment and a milder diet ; for I had not only allowed but urged him to take substantial food, as beef steak, corned beef, and even permitted pork and beans, in fact any kind of substantial food that he relished, which did not give uneasiness. This new plan had been in operation for the last twenty-four hours, though I had discovered no perceptible alteration in the symptoms during my visit the preceding evening. On learning these facts, I inquired of the doctor why he had adopted such a course without my knowledge. His reply was, “ that he wished to try, and see if he could not get along with less medicine and stimulants, hoping the expectoration would lessen in quantity, for it appeared to him that the vigorous support I had prescribed increased the amount of the expectoration, or rather kept it up. But he was now convinced that the previous plan was the only one that had sustained him thus far, and he was apprehensive his experiment was about to cost him his life.”

On condition that my advice should be followed in the future, I consented again to prescribe. R. Gum opii, grs. iv. ; digitalis, ʒj. ; squills, grs. x. ; syrup. simp., q. s. M. Ft. pill no. xx. Give one pill every eight hours. Continue the expectorant mixture of g. ammoniac every two hours in doses of ʒj. Take two thirds of a tumblerfull of porter or ale every hour until the pulse and heart become calm, and then every two hours. The usual dose of quinine every eight hours, and food frequently in such quantities and of such a kind as could be borne without inconvenience.

In the evening found his pulse varying from 106 to 120, slightly intermitting ; had not been able to take much food ; agitation of the heart had subsided ; respiration improved, and had expectorated freely.

May 22d.—Found my patient much as he had been for the last two weeks—had expectorated since my visit last evening more than a quart of muco-purulent matter ; pulse 106 ; appetite not much improved ; feet oedematous ; great disposition to sleep, but unable to lie down.

May 31st.—All the remedies have been faithfully persevered in up to this date, and his voice is now quite distinct, and all the symptoms very much improved. The amount of matter has gradually lessened. He is still unable to lie down, and the lower extremities are still oedematous ; bowels regular, and secretion of urine natural. Continue the same remedies except the pills of opium, digitalis, &c., and give a teaspoonful of the tr. opii camph. every four hours.

June 20th.—The same plan of treatment has been persevered in till now. A slow and gradual improvement has been the result. He is now able, for the first time for more than ten weeks, to lie in a recumbent posture. Since the last of May, at three different periods, there

being intervals of two or three days, he had raised each time nearly three pints of mucus and muco-pus, principally the latter, the matter coming up in gushes as fast as he could spit it from his mouth. At times, while expectorating thus rapidly, to use the doctor's expression, "It seemed as though he would lose his breath."

From this time the amount of matter expectorated gradually decreased, was raised each day in a short time, and at night he was usually free from both the cough and expectoration.

During his sickness four of his finger nails and one of his toe nails became loosened from their capsules by ulceration.

The doctor is now quite well, and attending to his profession with his accustomed urbanity and zeal.

ALANSON ABBE, M.D.

*Boston, September 1, 1852.*

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#### THE USE OF CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—An article entitled "chloroform in the extraction of teeth," in the *Journal* for Sept. 1st, 1852, has suggested the following remarks. That death may result from the use of chloroform as an anæsthetic agent, no one can doubt; but does this prove that it should be thrown aside even in minor cases of surgery? Far from it; it only proves that it should be used with the utmost care. The same remark would hold true with reference to many remedial agents in daily use by every practitioner.

Far be it from me to say that carelessness in producing anæsthesia has ever been the cause of death; it is pretty certain, however, that the records of but very few physicians will give the history of the second unfortunate accident of this kind in their practice.

During my medical pupilage, at an amputation of the leg I was called upon to administer chloroform, of the nature and operation of which I was grossly ignorant (as I have since learned). However, with seeming wisdom I watched the pulse and applied the sponge; and in answer to "how is his pulse?" I would say, it was good, for instead of moving slowly, as I expected if danger was nigh, its frequency greatly increased, it being almost impossible to count its beatings—a sure indication, as I supposed, that he would bear more, and more was accordingly given. But as good luck for the patient, more than me, would have it, the poor man had just eaten a hearty meal, and a sudden transposition of the same from his stomach to my face drove me away for a few moments—long enough for him to get an amount of fresh air sufficient to enable him to live in spite of me, as the operation was soon ended. Now I am fully persuaded that had not this accident occurred, another would, and that the patient would not now be singing the praises of Dr. ———, who, by the way, is one of the most skilful surgeons of Massachusetts. And had death taken place, it would doubtless have been reported as an unavoidable accident, vouched for by three good practitioners, who watched the surgeon more than they did the student six weeks advanced in medical lore! If death had taken place, which in



ninety-nine cases out of a hundred might have been expected, who would have been to blame?

Is anæsthesia dangerous? So is narcotism. Shall we throw them both away? By no means; use them, but with wisdom.

Chloroform should be used in the extraction of teeth, even, when the shock is likely to be great; but not so as to produce perfect insensibility, except in cases of heroic surgery, and never by untrained hands.

*New Hartford Centre, Ct., Sept., 1852.*

J. P. ROOT, M.D.

#### THE LATE DR. G. L. SPENCER.

[Communicated for the Boston Medical and Surgical Journal.]

DIED in Triangle, Broome Co., N. Y., on the evening of the 17th of June, 1852, Gaius L. Spencer, aged 57.

Dr. Spencer's death was caused by a small scratch upon the thumb while engaged in an autopsy on the body of one of his patients. The wound was so slight that his attention was scarcely drawn to it at the time, but at the end of twenty-four hours he became fully sensible of the fate that awaited him. Every attention was rendered that could be devised by two of his sons, who are physicians, and by many of his professional brethren who promptly tendered their services. At the end of one week the poison had done its work! and another victim of the profession had fallen.

Dr. Spencer was born in the town of Anadilla, Otsego Co., N. Y., on the 9th day of March, 1794, and until about the 18th year of his age was bred a farmer. Not being altogether pleased with his business, and having an ardent desire to acquire an education, he employed all his leisure moments in reading such books as he could procure. In the winter of 1813, he became acquainted with a young man, Dr. Nathan Boyington, of Elmira, N. Y., in like circumstances with himself. They together resolved to study the profession of medicine, and in the spring succeeding they commenced in the office of Dr. Colby Knapp, of Guilford, Chenango Co. Dr. S. continued in the office of Dr. Knapp one year, applying himself closely to professional studies. He next entered the office of Dr. Pliny Smith, of Masonville, Delaware Co., where he continued about one year, at the end of which time he placed himself under the care of Dr. Stockwell, of Walton. Here he continued until he had closely read the best authors of the day on the various subjects connected with medicine and surgery.

In April, 1817, he received a license from the Delaware Co. Medical Society, and in the following month he established himself in the town of Lisle, now Triangle, in Broome Co. The country at this time was very new, which necessarily implies numberless hardships to the physician. There being no competition, and possessing a frankness and openness of deportment, together with genuine goodness of heart, he immediately acquired the confidence and patronage of the best citizens of the vicinity. His success in the treatment of the diseases incident to that time, and vicinity, was very great. Dysentery, intermittent and

remittent fevers, were the most prevailing diseases, and constituted, together with diseases of females and children, nearly the entire business.

About one year since, he assured the writer that he had never lost a female during parturition, nor of any disease consequent thereupon. It is a very remarkable circumstance, that during an extensive practice of thirty-five years, not a case of death occurred.

For surgery Dr. Spencer had no particular ambition; but his abilities were best known and appreciated by the bed-side of the infant, the child, and also of the aged, the infirm and the worn-out.

He early became a member of the Broome County Medical Society, and has by his presence at its meetings, and by his influence, been one of its most efficient members.

Dr. Spencer has reared a numerous family. Two of his sons are physicians, one of whom is settled in Cornwall, Ct., the other at South Bainbridge, Chenango Co., N. Y. They are both graduates of the Berkshire Medical College. A third son is now pursuing the study of medicine.

Although beset with medical heresies on every side, the doctor never, for one moment, lost sight of the old land-marks of the profession. He was ever ready to investigate new theories, but was very cautious how he adopted them. He had always great respect for the old authors, such as Cullen, Hunter, and Burns; and when, upon mature deliberation, he found them to be in error, he would frankly change his opinions. He was respected by all his contemporaries who had the pleasure of an acquaintance with him, and died universally lamented.

*Lisle, N. Y., Sept., 1852.*

S. H. FRENCH.

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#### TÆNIA SOLIUM AND DISTOMA HEPATICUM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since my last communication, I have had an opportunity of investigating a case of tænia, which terminated in death from inflammation of the intestines. The subject was a man aged about 56, who had long suffered from the apparent symptoms of tænia, but obstinately refused to adopt any effectual treatment, and his life was sacrificed in consequence. I obtained the body, and on dissection extracted from the intestines four perfect specimens of tænia, each from twenty-five to thirty yards long; but the most singular feature was that at about three and four inches apart, throughout the whole course of the intestines, and attached to their muscular coat, there were a great number of the *Distoma Hepaticum*. On examining the liver and gall-bladder, I also found a great number of them, of much smaller dimensions.

The great increase in number of the cases of tape-worm, has caused me to inquire into the reason; and as this increase has occurred since the introduction of the Croton water into New York, I have been led to think that *possibly* this may be the cause. I trust my remark will induce the profession to make a clear and close investigation of the matter. My reason for this opinion is, that I have observed that wherever *river*



water or rain water is used as a general drink by the inhabitants, tænia prevails to a far greater extent than where spring or well water is used. With these suggestions, I hope you will call the attention of the profession more fully to the subject.

Yours respectfully,

J. X. CHABERT, M.D.

No. 431½ Grand st., New York, Sept., 1852.

#### TYPHOID FEVER AND RHEUMATISM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I saw in your Journal, vol. xlv., page 321, the report of the treatment of typhoid fever and some other diseases, by Dr. Mitchell, of New York State. I wish to add my mite respecting the treatment of this fever and rheumatism.

In the main I treat typhoid fever as Dr. Mitchell does. I almost invariably, however, give an emetic of ipecac, with a little antim. tart. and mustard, in a large quantity of warm water, to commence with, which I think renders the case more manageable, by giving the system a salutary shock, and preparing the stomach the better to receive other medicines. But the special addition I wish to suggest is, the use of dry cupping for headache in this fever; by which, in a few minutes, in most instances, the pain in the head will be relieved for from six to twenty hours. It acts like a charm to the patient, and is very gratifying to the physician. By the respite thus obtained from the distressing and exhausting pain in the head, the patient is enabled to enjoy several hours of comparatively comfortable rest. I use the exhausting pump with a small oval glass, such as is used for cupping between the ribs. Such a glass can be applied on any patient's temple, however emaciated he may be. After applying the glass, and exhausting the air, I let it remain but a moment, and then put it on in another place, and thus apply it some half dozen times or more. I then do the same to the other temple, and to the whole width and length of the back of the neck, and perhaps return to the temples again. I thus use the cupping apparatus at every visit, if the pain has returned to the head.

Dry cupping on the spine between the shoulders, where there is some difficulty of breathing from slight irritation of the lungs or air-tubes, frequently has a very happy effect, whether the affection has an asthmatic shade or otherwise.

*Acute Rheumatism.*—David Bennett (shoe-maker) sent for me to see him July 22, 1851. He had been suffering from rheumatic pains for some days. At this time he was confined to his bed; tongue had a very thick, yellow coat; pulse more than 100. My course through the case was to give gr. x. of calomel every two or three days, and follow it with Ep. salts and senna, to get a free operation from the bowels. Gave every six hours, when not taking physic, a powder composed of acetate of morphine half a grain; Dover's powders gr. v.; nitrate of potassa, gr. xv. A few of the powders contained ten grains of camphor. Between these powders I gave thirty drops of the tinct. colchicum seeds, in

sweetened water. The tinct. colchicum was not suspended when giving physic. The external application was the cold wet towel, covered with flannel, and changed as often as the towel became dry or hot. It was applied only to the joints that were swollen or painful; which were one shoulder, one wrist, one knee, and both ankles. I continued it until the pain and swelling disappeared. We had him sponged over with saleratus water occasionally. We were obliged to give him sweet spirits of nitre several times to enable him to make water easily and freely. On the tenth day from the time I first saw him, he was so far recovered as to make a pair of shoes.

Dover, N. H., Sept., 1852.

Very respectfully,

N. L. FOLSOM.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 29, 1852.

*American Medical Association.*—At the meeting of the Association held at Richmond, Va., May, 1852, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of \$100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1853.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleeker st., New York, on or before the 20th of March, 1853.

JOSEPH M. SMITH, M.D.

JOHN A. SWETT, M.D.

W. PARKER, M.D.

GURDON BUCK, M.D.

ALFRED C. POST, M.D.

New York, September 17th, 1852.

Editors of Medical Journals in the United States are respectfully requested to copy the above.

*Medical Society of Georgia.*—On the 14th of April last, the annual meeting of this society was held at Augusta, but the transactions were not published till August. The tardiness is explained satisfactorily, however, by the Secretary. A. Means, M.D., was elected President. The business of the society was transacted with despatch, and the meeting throughout appears from the records to have been characterized by an excellent spirit. That which interests the profession most, however, in the doings of the society, is the collection of reports by the leading professional gentlemen of the State. Through them we arrive at the real condition of medicine there, and, at the same time, profit by the facts and suggestions emanating from accredited sources. A report on empirical remedies, by Robert Campbell, M.D., is written in a good style, but the remedy he suggests for the national evil would not stop a flea from hopping. He proposes having a standing committee, to collect and publish, through popular channels, the



pernicious effects of empirical remedies. Why, this would increase the demand for them, and save the manufacturers a portion at least of the hundred thousand dollars a year which they pay for advertising. Dr. Campbell would also have an annual report made to the American Medical Association, for the purpose of accumulating evidence sufficient for the "*arraignment of this injurious system, as a national grievance.*" This, too, would be useless, and we should be laughed at for our verandcy. Quackery is so protean, that while we were grasping it in one form, it would show its head in another.—The report on Surgery is excellent, because there are cases illustrative both of principles and practice. We have rarely had possession of a more instructive paper. There is just variety enough to keep up an interest. That subdivision under the head of *Surgical Medicine* is worth quite as much as some elaborate essays. Diseases of the town of Perry, in Houston county, in latitude  $32^{\circ} 27' 30''$ , and longitude  $6^{\circ} 45'$  west of Washington, is a pattern paper. It is full and distinct, and shows how topographical reports should be constructed in order to be serviceable to those who consult them. The writer, Dr. Cooper, should have a larger sphere for his practical talents. Dr. King's report of the *Maladies of Roswell*, Cobb county, is scientifically drawn up, but it is not sufficiently specific. He generalizes well, and the closing observations regarding the vital statistics of the region, would do honor to any medical man of the age. Next, in the order of publication, is a narrative of twenty-five cases of urinary calculi, in twenty-three of which the bi-lateral operation was performed, by Paul F. Eve, M.D., professor of surgery in the University at Nashville, Tennessee. With the reputation of the writer of this report, the whole medical profession of the United States is familiar. He is good authority—a proud position for any man to hold, and especially in a country in which bold, skilful surgeons are numerous. Dr. Eve ought to embody his practice in a distinct treatise, and put it into the hands of one of the great publishing houses of Philadelphia, and thus secure a monument while he has the opportunity of selecting the materials of which it might be composed. In the paper on the use of New Remedies, by Dr. Dugas, of the Medical College of Georgia, nothing remarkably new is presented. The case of Maria, the negress, with a cancerous ulceration of the breasts and mammary glands, was admirably managed; and of the competency of Dr. Dugas to conduct to a successful issue very discouraging conditions of these organs, there cannot be a question. He might also furnish abundant materials for an instructive guide in surgical practice.—We profess to have been gratified and rewarded for the labor of examining the pages of the Georgia Medical Transactions, and trust they may be annually continued for the advantage of the whole profession.

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*University of Buffalo.*—With the increasing facilities of the school of medicine, an increased population, the growing wealth of the west, and enlarged experience in teaching by the present able faculty, very promising results are anticipated the ensuing term. Dr. Hamilton, the distinguished and accomplished surgeon, carries a strong influence with him. The other members of the faculty are also able and efficient.

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*Increase of Medical Schools.*—It seems that a charter has been granted for the admission of another medical college into the already great brotherhood of physician-making institutions of the country. It is to be located

at Milwaukie, but its complete organization may be deferred for the present. Dr. C. B. Chapman, who is known extensively at the West, and was our London correspondent last season, has a prominent place assigned him in it. It seems morally impossible for all our new medical schools to succeed. Individually, we lament this incessant increase, as it tends to weaken the course of instruction.

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*Bibliography.*—Impossible as it is to read all the medical books that are issued, it is gratifying to keep pace with their titles. The catalogue of Mr. Bailliere, No. 290 Broadway, New York, of books in medicine, surgery, anatomy, physiology, chemistry, physics, &c., is really immense, and his store must be a good place to cull out rare works. The prices are indicated on the margin, and no fault we think can be found with them.

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*Dr. Coale's Treatise.*—The series of communications now publishing in this Journal, by our friend Dr. Coale, of this city, are worthy the consideration of medical practitioners. He makes but little use of other men's thoughts, but gives us freely his own. This is what is required to carry practical medicine onward and upward. A thorough examination of facts, accompanied by clear, philosophical suggestions based on them, gives a distinct and useful character to Dr. Coale's prelections.

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*Anatomical Drawings.*—Mr. H. A. Daniels, 270 9th st., New York, is an anatomical artist of growing celebrity. Gentlemen, in any section of the United States, who are preparing works on surgery, anatomy, or physiology, would find him of important service in illustrating from nature. He has executed some of the best plates in several of the latest publications on these subjects. From the difficulty hitherto experienced in finding an artist properly qualified to perform such work, we have thought that it might be acceptable intelligence to authors to know where to find one. Mr. Daniels also executes microscopical drawings, having had experience in that department. Any discovery made by those now exploring with the microscope, can be enlarged and secured accurately, in its true proportions, by his critical eye.

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*Surgical and Dental Apparatus.*—Besides Dr. Codman's dental depot, and Mr. Miller's establishment for artificial limbs, trusses, &c., to which we have lately alluded, the large collection of surgical apparatus in Tremont st., opposite the Tremont House, is eminently worthy of patronage. Mr. Phelps, the proprietor, has fitted up his rooms in the best manner, and brought together many things that surgeons are always wanting. Ready-made splints, cutlery, &c., embracing the very best instruments, and also the speedy manufacture of any peculiar form to meet an emergency, characterize this elegant store.

A second dental finding magazine, has recently been opened by Messrs. Jones, White & McCurdy. It is located at 3½ Tremont Row, opposite Brattle st., and abounds with every kind of artificial teeth, together with all imaginable mechanical appliances for operating dentists.

Reference is made to these collections for the benefit of gentlemen in the country, who in many instances are put to great inconvenience in obtaining something that might readily be procured through an express agent at one of these places.



*Birth of Monsters.*—A gentleman has inquired by note, what is settled, in medical jurisprudence, in respect to the duty of an accoucheur when at birth a monster is produced? Having mislaid the letter, the question cannot be presented exactly in the words of the writer; but the idea is this: if an extraordinary malformation is discoverable at birth, and it is certain that the infant cannot live long, is it allowable, or not, to extinguish its life? We confess ourselves shocked with the thought that any one may have suggested that it was either proper or expedient, under any circumstances, to adopt such a course. There can, in our opinion, be no extenuating circumstances whatever. Even parents are not to be indulged by having a monster birth concealed, or the functions of life extinguished. Whatever the form, or whatever the probabilities with respect to the future, God, who gave life, alone has the right to take it, under such circumstances.

In connection with this subject, there is a singular looseness of sentiment entertained abroad, especially among females, viz.,—that from conception up to within several months of gestation, there is no real life in the fœtus, and therefore no harm in sacrificing it in any manner most convenient or agreeable. This is wrong: it is a violation of a fundamental law of existence, and a sin thus to blast in the bud: it is an awful crime. The moral sense of the community should be cultivated on this point, till it is thoroughly understood, in every community, that killing a human being in utero is murder.

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*Simple Tests of the Purity of Chloroform.*—Dr. Fleming, of Dublin, says, "I never use chloroform, without first examining it by litmus paper and water, and, if at hand, a solution of nitrate of silver. If the former remains unaffected by the vapor, and some of the specimen, dropped into a test-glass containing either of the latter fluids, occupies the bottom of the glass in a transparent globule, I am satisfied that it is genuine, or at all events suited for practical purposes. But if, on the contrary, the litmus paper is reddened or bleached, and the globule appears opalescent or like a muddy lens, I reject it as adulterated, and unsafe for use." — *Etherization in Surgery, by Dr. Fleming, Dublin, 1851, p. 52.*

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*New Work on Materia Medica and Therapeutics.*—Drs. J. Church and E. Seeger, of Springfield, Mass., propose to publish by subscription a work on *Materia Medica and Therapeutics*, by Prof. W. Tully, of N. Haven, Ct. Dr. T. has long been known as a learned and accomplished author and lecturer. Valuable essays from his pen, on some of our indigenous medicinal articles, may be found in our volumes of about twenty years ago. He has until recently, as is well known, been professor of *Materia Medica* in the Medical Institution of Yale College. We have room this week to refer but briefly to the peculiarities of the proposed volume.

*First*, It will be original, having none of the characteristics of a compilation. *Second*, it will contain a large amount of practical information not found in ordinary books on the subject. *Third*, the powers and operations of medicines will be described with minuteness and precision. *Fourth*, the doctrines it inculcates are not speculative or theoretical, but eminently practical. *Fifth*, it will be written with ability and learning, such as would do credit to the profession in any country.

It will be published in numbers, 25 cts. each—four at least to be subscribed for at one time. It will be printed in double columns, with good

type and paper, and in the best style. The Nos. will be issued on the first of every month, commencing in November. Subscriptions will be received by Dr. J. Church, Springfield, Mass.

*Medical Instruction in Dublin.* — TO THE EDITOR.—I would call the attention of students, and of young medical men going abroad, to the advantages to be obtained by a few months stay in Dublin. By entering his name as an interne, or as an externe, at the Lying-in Hospital, one may conduct, in person, a large number of cases of natural labor, see a considerable number of obstetric operations, and gain such an initiation into the practice of midwifery that he need never be at a loss, when called upon to officiate in private practice. In the meanwhile opportunities are afforded for following the admirable clinics of Dr. Wild on ophthalmic surgery, and of making interesting visits at the Meath, Whitworth, and Jervis st. Hospitals. At the last mentioned Hospital, Dr. Neligan gives a fine practical course of lectures on Cutaneous Diseases, and makes highly interesting clinical visits. Many of those whose time or means may not admit of their spending the usual two years abroad, would do well, after having attended two series of lectures here, to pass their third winter in Dublin. P.

Boston, Sept. 12th, 1852.

*Longevity of the English.*—As an illustration of the advanced period of life which residents often attain in the British metropolis, Dr. Webster mentions in his report on the health of London, published in the *London Journal of Medicine* for August, that, some time ago, 4 private patients were under his professional care at the same period, whose united ages amounted to 365 years, the youngest being 87, while the oldest was in her 96th year; and what is also curious, 3 were females, and only 1 a male patient.—*Lancet*.

TO CORRESPONDENTS.—Since our last issue, there have been received for publication—A Letter from Mrs. Willard to Dr. Cartwright; one from "A Subscriber" in New York to the editor; an Address before the Bristol Co. Medical Society; and certain Resolutions by the Norwich (Ct.) Medical Association.

POSTAGE ON THIS JOURNAL.—After October 1st, the weekly series will be, if paid quarterly in advance, only 13 cts. a year in Massachusetts, and 26 cts. a year any where in the United States out of Massachusetts. The monthly series, 18 cts. a year to any part of the United States.

ERRATA.—In the notice of the New York Ophthalmic Hospital, in the Journal of 1st inst., the number of patients for three months should have been 230, and the location of the Hospital at No. 6 Stuyvesant st., near 3d Avenue.

MARRIED.—Dr. A. Newton, of Hartford, Conn., to Miss A. P. Dix.

DIED.—In Leverett, Mass., Dr. Asa B. Strong, 40.—On board the U. S. ship Lexington, Dr. W. V. Magoon, who came on board at Valparaiso.—At Patterson, N. J., Dr. Charles G. Adams, jr., son of Dr. C. G. Adams, of Keene, N. H.—At Saugus, Mass., Charles A. Cheever, M.D., of Portsmouth, N. H., an eminent and excellent man. It is due to his memory that some one who knew him should prepare a memoir of him for the profession.—At Cuba, N. Y., Dr. George B. Champlin, a native of New London, Conn.—At Erving, Mass. John G. Barton, M.D., 40.

Deaths in Boston—for the week ending Saturday noon, Sept. 25th, 76.—Males, 42—females, 34. Accidental, 2—inflammation of bowels, 6—disease of brain, 1—consumption, 11—convulsions, 3—cholera infantum, 3—cancer, 1—coryza maligna, 1—croup, 2—dysentery, 6—diarrhoea, 5—dropsy, 2—erysipelas, 1—typhoid fever, 2—scarlet fever, 4—homicide, 1—hooping cough, 1—intemperance, 1—infantile, 12—inflammation of the lungs, 1—marasmus, 2—old age, 2—palsy, 1—purpura, 1—scrofula, 1—teething, 2—tumor, 1.

Under 5 years, 41—between 5 and 20 years, 3—between 20 and 40 years, 12—between 40 and 60 years, 11—over 60 years, 9. Americans, 23; foreigners and children of foreigners, 53. The above includes 9 deaths at the City institutions.



*Fusel Oil.* — The following notice of this article, which has recently received increased attention, is from the American Journal of Medical Sciences for October, 1845.

"In the number of the American Journal of Medical Sciences for October, 1844, I referred to Liebig's description of this substance and his statement that it was poisonous. It appears that some experiments have been made with it by Mitscherlich.

"It is a colorless oily fluid, of a most offensive odor, and very distressing to the lungs. Its taste is sharp and burning, and it is lighter than water, and burns with a very brilliant flame. (It will be recollected that it is a product occurring in the manufacture of potato brandy, and not separated from it without great difficulty.)

"In the experiments (on rabbits), the dose was thrown into the stomach of the animal by means of a syringe, and elastic catheter. When one drachm was thrown into the stomach of a rabbit, it ran about and was very lively, but striking itself against objects as if not seeing them. In ten minutes it became depressed, could not stand erect, and fell on its side. It was, however, sensible to a pinch of the ear. The breath was not at first tainted, but in half an hour after the injection, a strong odor of the fusel oil proceeded from the lungs. The animal lay in this state two hours and three quarters, and then gradually revived; its powers of motion were feeble, and the limbs were dragged along, but this paralysis soon went off, and he recovered completely.

"Two drachms, when injected, induced great restlessness in about a quarter of an hour—and soon after it stretched itself out, and lay thus for four hours, apparently without sensation or motion; the pupils dilated, the breathing heavy, and the pulse rapid. Something like convulsive motion now appeared, but by and by the animal began to sit up, and next to move at will. At night it was seized with diarrhœa. After this it was quite well.

"When two drachms were thrown into the stomach of a rabbit (about middling sized), the symptoms of intoxication and depression soon followed each other, and the animal lay without motion or sensation, and at the end of an hour and a half was dead. On opening the abdomen, five hours and a half after death, there was an intense smell of the oil. The stomach externally was rather white and bloodless, but in its fundus there was extravasation of blood, of a dark brown color, and when this was scraped off, the epithelium was seen beset with small brownish-red spots, which proceeded from the tunica propria, from which the extravasated blood appeared to have flowed. The tunica propria itself was bloodless, and in parts soft and pulpy. The duodenum was reddened, and the bladder empty. When three drachms were injected, it became insensible in ten minutes, and died within an hour. Half an ounce caused death in a quarter of an hour; and an ounce, in four minutes.

"When half an ounce was used on a young dog, death ensued in six hours.

"It would thus seem, that in small doses, fusel oil is highly stimulating, and appears to act like alcohol, and then depresses rapidly. In large doses it is an active irritant poison, destroying the entire mucous membrane of the stomach.—(*Medicinische Zeitung.*)—*Lon. Med. Gazette.* T. R. B."

*Crystal Palace Sea-Water Company.*—Under this title a company is in the course of formation to bring sea-water to London, in order to establish baths for invalids, &c.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVII.

WEDNESDAY, OCTOBER 6, 1852.

No. 10.

## CARCINOMA OCULI—EXTIRPATION OF THE EYEBALL.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the following report, Catharine, æt. 20, consulted me some six months since, for loss of vision in left eye. The second day from the time when she first experienced any morbid sensations, the power of perceiving light with this eye was entirely lost, though the symptoms had by no means been very severe. The general aspect of the eye taught me that the disease was not one of ordinary internal inflammation, and led me to form an unfavorable prognosis.

Soon after this, the patient entered a public institution, and I saw no more of her till some six weeks since. Her eye then gave her no pain; but she thought it was enlarging. The anterior portion of the globe was slightly prominent, and there was a peculiar opacity of the cornea, but it offered less of the leucomatous aspect than is usual in common staphyloma.

Two weeks previous to the performance of the operation, she again came to my office. The anterior portion of the globe had become so prominent as to project beyond the lids, but its surface was uniform, without any nodulated irregularity.

On the 25th of August, the day of the operation, the abnormal prominence of the anterior portion of the globe had perceptibly increased. The appearance of the cornea somewhat resembled that which it presents when pus has accumulated within the anterior chamber. The sclerótica, at three or four points near the margin of the cornea, offered the thin and nodulated aspect presented in those cases of staphyloma where the choroid becomes visible through the attenuated fibrous membrane. The globe was not at all protruded from the orbit, and moved freely. Its posterior portion seemed healthy; the only enlarged vessels were two or three in the sub-conjunctival cellular tissue, running from the tumor. The eye was not at all painful.

Though the appearances offered by the tumor, and some of the symptoms developed during the progress of the case, rendered it probable the disease was malignant; yet there was so much variation from the ordinary phenomena of cancerous affection of the eye, that I thought it proper first to operate as for staphyloma, and, if the appearances should



then prove to be such as indicated malignant degeneration, to proceed at once to extirpate the eyeball.

The prominent tumor was accordingly removed, in the presence of Drs. Coale, Morland, Oliver, Shaw, and Mr. Oliver ; the patient being under the influence of sulphuric ether.

Instead of the ordinary phenomena attending the ablation of staphyloma, the mass which I removed was solid and firm, offering to the eye the color and aspect of encephaloid disease, but of scirrhus hardness. The anterior chamber was obliterated, and the iris seemed to have become merged in the morbid tissue.

Dr. Shaw had the kindness to submit portions of the mass which had occupied the anterior chamber, to immediate examination by the microscope. From the results of this examination, and the general aspect of the tumor, it was unanimously decided that the more capital operation ought to be at once performed. This was done in the usual manner ; the external commissure of the eyelids being divided to allow more space, and the eyeball being removed without excising the capsule of cellular tissue which separates it from the adipose contents of the orbit. The hæmorrhage was very slight, and no vessel required ligature.

The wound at the external canthus having been brought together by a point of suture, the dressing was completed by placing a wet compress over the lids, without introducing lint or any other substance into the cavity of the orbit.

Nothing occurred to interfere with the rapid progress of the cure. The discharge of pus was very slight, and appeared to have entirely ceased in a week from the day of operation. Cicatrization seemed to be then complete, though the whole surface furnished a larger amount than usual of the ordinary conjunctival secretions.

Further microscopic investigations were made in regard to the character of the tumor, by Drs. Shaw and Durkee. Cancer cells were found in abundance throughout the diseased mass, and also in the hyaloid membrane. The degeneration seemed to involve the iris and ciliary processes, but apparently did not implicate the posterior tunics.

This case is remarkable, from the age of the patient ; from the disease having had its origin in the anterior portion of the globe ; from its scirrhus form ; from the mildness of the symptoms which had accompanied such extensive changes in very sensitive parts of the organ.

Many of the highest authorities in ophthalmic medicine deny the existence of scirrhus of the eyeball, or maintain silence in regard to it. Others refer to it as a disease peculiar to old age.

Middlemore\* says—"Of the many thousand persons whose diseased eyes I have examined and treated, I have never yet seen a single case of genuine carcinomatous ulceration of the globe of the eye, but I have on several occasions witnessed a state of disease which I have termed scirrhus, because it is attended with great local pain, occurs in advanced life, is attended in the general, when of long continuance, with a constitutional affection, and has a tendency to involve surrounding parts, and

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\* On Diseases of the Eye, London, 1835, p. 370.

is from the first characterized by a shrinking and uncommon induration of the affected organs."

Mr. Guthrie\* describes the symptoms of fungus hæmatodes of the eye, but says nothing of those of scirrhus, except in a quotation from Scarpa describing it as a soft fungous excrescence on the exterior of the globe, afterwards degenerating into cancer.

According to Weller,† "Fungus hæmatodes principally affects children of less than 12 years, and is thus distinguished from cancer of the eye, which appears rather in old age."

Mr. Mackenzie‡ has never met with this degeneration of the eye, except in adults considerably advanced in life.

Mr. T. Wharton Jones§ mentions scirrhus of the eyeball as having been described by some authors, but has evidently never met with it in his own experience.

Wardrop, in his work on the Morbid Anatomy of the Human Eye, does not refer to this disease. In another of his works, quoted by Mr. Lawrence,|| he says—"I have never been able to obtain an accurate account of a single case where any of the coats or contents of the eyeball were the primary seat of cancer."

Mr. Travers¶ says—"I have satisfied myself, that as regards the eye, cancer is peculiar to the lachrymal gland, conjunctiva and eyelids."

It is not mentioned by several eminent authorities, and the descriptions given by others are vague and unsatisfactory.

Among those who are silent, are Tyrrell,\*\* Curtis,†† Vetch,‡‡ Stæber,§§ and Léveillé.|||| Among those who furnish imperfect descriptions, or who describe the disease as a degeneration of benign growths in consequence of improper treatment, are Wenzell,¶¶ Velpeau,\*\*\* Deval,††† and Furnari.††† Demours, in his splendid work,§§§ speaks only of fungus hæmatodes. Liston||||| mentions fungus hæmatodes and melanosis only. S. Cooper¶¶¶ says—"Cancer of the eye in its commencement is generally restricted to the conjunctiva, which becomes swelled, thickened, and prominent between the eyelids, so as even to hide the cornea."

M. Rognetta,\*\*\*\* in referring to the opinion of Desault that cancer of the eye was most frequent in infancy, says he appears to have confounded encephaloid cancer with scirrhus, which belongs to advanced

\* On the Operative Surgery of the Eye., London, 1830, p. 190.

† Des Maladies des Yeux, Paris Translation, 1832, vol ii., p. 63.

‡ On Diseases of the Eye, Boston edition, 1833, p. 451.

§ Principles and Practice of Ophthalmic Medicine and Surgery, Philad. edition, 1847, p. 215.

|| Observations on Fungus Hæmatodes, p. 87.

¶ Synopsis of Diseases of the Eye, London, 1821, p. 221.

\*\* On Diseases of the Eye, London, 1840.

†† On the Physiology and Diseases of the Eye, London, 1833.

‡‡ On Diseases of the Eye, London, 1820.

§§ Manuel Pratique d'Ophthalmologie, Paris, 1834.

|||| Des Maladies des Yeux, Paris, 1807.

¶¶ Manuel de l'Oculiste, Paris, 1808, vol. i., p. 34.

\*\*\* Manuel Pratique des Maladies des Yeux, Paris, 1840, p. 500.

†† Chirurgie Oculaire, Paris, 1844, p. 296.

‡‡ Traité Pratique des Maladies des Yeux, Paris, 1841, p. 334.

§§ Des Maladies des Yeux, Paris, 1818, vol. i., p. 492.

||||| Practical Surgery, Philadelphia edition, 1838, p. 189.

¶¶ First Lines of the Practice of Surgery, Philad. edition, 1823, vol. i., p. 458.

\*\*\*\* Traité Philosophique et Clinique d'Ophthalmologie, Paris, 1844, p. 207.



age. M. Carron de Villards\* describes cancer of the eye as being met with in aged persons, whilst fungus hæmatodes is frequent in infancy. Mr. Lawrence says†—"If the eyeball is susceptible of scirrhus induration and subsequent cancerous ulceration, the disease is very rare, and has not been clearly described or delineated. I am not acquainted with any well-marked histories and dissections of true cancer of the eyeball."

Those of the authors cited who have given descriptions of the disease, are unanimous in considering severe pain, and considerable enlargement of the veins, as among its invariable characteristics. In the case above detailed, both of these were wanting. Though the progress of the disorganization had been somewhat rapid, the patient had experienced scarcely any sensations amounting to more than uneasiness, and, with the exception of two enlarged veins, there was no abnormal increase of vascularity in the tunics of the globe.

As the disease appears to have been so strictly local, in the anterior portion of the organ, the posterior tunics and optic nerve not being implicated, I entertain hopes that the patient may continue to enjoy her present robust health, and escape any recurrence of malignant affection.

*Boston, Sept. 8th, 1852.*

#### DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 165.]

**PROLAPSUS UTERI.**—The immediate symptoms of prolapsus uteri—that is, those sensations excited in the neighborhood by the mechanical impingement of the organ upon the neighboring ones—are somewhat anticipated in the last paragraphs. As in anteversion and retroversion, both bladder and rectum are liable to be embarrassed, particularly the latter, rendering defæcation difficult. There is a feeling of weight within the pelvis, as of a body pressing downwards and exciting efforts at times to bear down; accompanying which is a sympathetic sensation of weight all around the hips, and a peculiar dragging pain at times in the small of the back, where, indeed, almost always, there is more or less pain, though not of so distressing a kind. With these are also the general sympathetic sensations as given in the quotation from our article on woman's dress; altogether, a group, of which, though in particular instances several may be wanting, yet furnishing a very characteristic exhibition of the disease, and one to which we can scarcely make an addition. One particular symptom is not there included, which we have frequently met with. It is a feeling of emptiness at the pit of the stomach, sometimes heightened to a sense of gnawing. We suppose that this may be one of those instances where a very trifling cause gives rise to sensations utterly incommensurate with it—and that the settling down of the organ, taking from the small intestines their support, forces them, also, to take a lower place in the abdominal cavity, and causes this sensation of vacuity at the upper part of it. It is true that we have

\* *Guide Pratique pour le Traitement des Maladies des Yeux*, Paris, 1847, vol. ii., p. 459.

† *On the Diseases of the Eye*, London, 1844, pp. 679, 680.

found this symptom quite a prominent one where the disease existed to a slight degree only ; but this, it may be here observed, is a remarkable peculiarity of the symptoms of uterine displacements, viz., that they are by no means proportioned in severity to the amount of the disease. So far from this, we have found them quite urgent when the displacement could scarcely be detected by touch ; and, again, we have found the uterus lying on the floor of the perineum, and yet the patient perfectly comfortable so far as it was concerned. Indeed, there seems to be in some instances a disposition on the part of nature to accommodate herself to the new circumstances, and to submit to them without producing annoyance and trouble. Thus we have had patients who at the onset of their disease suffered much with all the characteristic symptoms of uterine displacements, yet in the course of time these disappeared one by one, though the affection became more advanced, until by the time the second degree of prolapsus was confirmed, the annoyances had for the most part ceased, or were only such as attention to emptying the rectum would relieve.

Leucorrhœa is an almost invariable attendant upon uterine displacement. But we look upon it as a symptom common to many diseases of the organ, and dependent upon a condition of it which has not necessarily any connection with displacement. So, with dysmenorrhœa, an almost equally constant attendant ; it is the effect, not of the dislocation of the organ, but of an engorgement of it, which state, however, does very constantly exist with the other.

As for the state of the uterus itself, we have already mentioned its engorged condition, which may vary from a slight tumidity to enlargement accompanied with great hardness. In the event of protrusion of the organ, this state is heightened, and the organ increases much in size, offering a firmness and elasticity to the touch. In color it varies from a light pink to a dark red, or brown, taking the latter hue when perfectly irreducible. The mucous membrane covering it, acquires, for the most part, a thick epithelium, but is exceedingly liable to ulceration, as is also the organ itself. These ulcers are often very deep, always increasing greatly the sufferings of the patient, and lessening the strength by the perpetual drainage they keep up. Sometimes they become gangrenous, and, in more than one case, the whole organ has sphacelated and dropped off ; in one instance, of a lady 60 years old (related by Nauche), with perfect relief to the patient.

With regard to the more distant influences of uterine displacements, as we stated at the opening of the chapter, it is difficult to say what we should enumerate as sympathetic sensations from the displacement of the organ, and what as accidental feelings either dependent upon another affection, or due to a general state of the system of which the disease under consideration is an effect, or of which it is an accidental attendant. Thus, a dizziness of the head, coming on irregularly, and in some cases depriving the individual of consciousness for a moment, is a frequent accompaniment of prolapsus, and we consider it a manifestation of the hysterical condition which is, so notoriously, often associated with affections of the uterus. Pain between the shoulders occurs sufficiently often



to entitle it to note ; yet we must consider this as merely a result of the generally debilitated state of the system, and one which would, and does, of course, occur independently of the local affection.

Be this as it may, it is very certain that except with those blessed with unusual powers of *vital resistance*, as the French term it—with an imperturbability of the nervous system, so to speak—uterine displacement, whatever may be its origin, and however healthy the subject of it may be in all other respects, soon brings with it a train of evils, in enumerating which we can scarce make a limit short of a general derangement of all the vital functions. This undermining influence is first felt by the nervous system. The patient, generally irritable, is sometimes correspondingly depressed in spirits ; or, at other times, loses control of herself in paroxysms of hysteria. The digestive organs are not long in showing their subjection to the influence. Dyspepsia, in one of its many forms, appears ; and the functions of assimilation being interfered with, the blood begins to be less rich, becomes thin and impoverished, of course losing its fitness to nourish the economy. The heart, now, from feeling the defects of innervation and from want of its accustomed stimulus of a rich circulating fluid, becomes irregular in its action—mostly feeble, and scarce sending its contents to the extremities of the system. At times it loads the lungs with a flood which the respiration, hurried to the last degree, can scarce dispose of. Of course muscular debility has long since supervened ; and, to it, still later, is added cold hands and feet, pallor and emaciation. To this description of the general wreck of the physical, and, in many instances, sad to say, of the moral health of the woman, caused by uterine displacement, we have to add but one more detail—that is, the sterility which most usually attends it. Of this, however, we will have occasion to speak again more at length.

#### TREATMENT OF UTERINE DISPLACEMENTS.

The first end to be attained in the treatment of these affections, is the replacement of the organ. When the case is one of simple prolapsus, this is not difficult. The rectum should first be emptied, the patient placed on the back. The forefinger of the right hand, previously well smeared with lard, is then introduced into the vagina, and the extremity of it placed against the edge of the os uteri. Gentle efforts must then be made to carry the womb upwards towards its proper situation, and, if a little discretion be used in modifying the direction of the thrust, it will in most cases obey the impulse. When elevated to the utmost, the left hand should be placed above the pubis and gentle pressure exerted there. The result upon the uterus will soon be ascertained ; and if it is found that the pressure forces it still higher, or retains it firmly in its proper situation so that it be not disposed to follow the finger in withdrawing it, we have at once a powerful assistance given us in our efforts to prevent the organ from being again displaced. A bandage and compress, a belt, or an abdominal supporter, may then be put on, with reasonable hopes of acting successfully.

This examination into the effects of pressure over the pubis we hold to be very important, because there are many instances in which the or-

gan is not pushed high enough to permit pressure exerted there to act beneath it. The consequence is, that instead of its being retained in its place or carried upwards by the external force, it is actually impelled downwards again. In such cases, of course, the various external mechanical contrivances intended for the relief or the cure of the disease, so far from being beneficial, are, in fact, just the reverse—hurtful.

If there is anteversion or retroversion, replacing the organ is not generally so readily accomplished, as it has first to be brought into its natural relations with the axes of the pelvis. In one case of the former affection we had no difficulty in doing this ; but, in the other, and in the case of retroversion, both accompanied with great prolapsus, we found much difficulty in placing the organ in such a position that it could be carried upwards. In the first of these, in fact, we had to introduce a silver catheter directly under the pubis, and by this, elevate the fundus of the uterus, while, with the forefinger of the other hand, the neck was brought downwards and forwards.

In many cases, however, a restoration of the organ to its proper situation is not immediately possible, on account of its congested, enlarged and hardened state ; and in most, even where it can be restored at once, we have to combat this condition. We must therefore now look to the means we have of doing this.

If it has not gone beyond simple congestion, the uterus feeling slightly enlarged and spongy to the touch, revulsives to the small of the back are in many cases perfectly sufficient. We have used dry cupping as efficaciously as any other form of these ; and the ingenuity of Dr. Augustus Gould, of Boston, has afforded us the most simple and convenient means of doing this. He suggested, for either wet or dry cupping, cutting in half the hollow India-rubber balls made as playthings for children, and applying the cut surface to the spot, emptying at the moment the space within of air by pressure upon the outside. When the pressure is removed, the elasticity of the ball creates a vacuum within, and thus all the requisites for an efficient cupping apparatus are obtained. We have still further increased the power of this little instrument by only cutting off a third of the ball, and thus making the other two thirds an exhausted receiver ; in this way attaining a larger and more perfect vacuum, and of course greater strength of *suction*. The great advantage in these is, that the patient can apply them without any assistance whatever ; and from this circumstance alone, the remedy is much more likely to be used faithfully, or for a sufficient length of time to render it efficacious, than if it were repulsive either in itself or from the circumstance of its requiring the interference of others. Our direction for the use of these cups generally, is to apply them for fifteen or twenty minutes before dressing in the morning, and for the same space of time after undressing at night, using a little care to slightly shift the spot for application every day, in order to avoid the chance of making the skin sore where the mouth of the cup bears against it. We have often found that so much relief was given by these, and so speedily, that our patients have enthusiastically persevered in using them three times a-day ; though, for general purposes, we think twice a-day sufficient. The lady, whose



case was given in picturing the individual history of uterine displacements, was treated thus, and with the most marked success.

Where a general fulness of the system indicates the propriety, wet cups may be used instead of dry ones, but of course not so frequently. Twice a week is as often as we should care to use them; but we even prefer to this, timing their application to the menstrual flux, using them say once a-day, for the three days immediately preceding that period. The advantage of this is, that it lessens the embarrassment of the uterus just at a moment when it is about to make an effort to do its duty—an effort, that, without assistance, would be futile, but which, with it, is often in its effects a most powerful means of accomplishing the very aim we have in view. Leeches have been used for the same purpose, but we do not consider them so convenient. By some, they are recommended to the organ itself, and we see no reason why they should not be as eminently useful as they are represented to be. It is very evident, however, that their application must be very troublesome to the physician—who, of course, in our country at least, would have to apply them himself; and to the patient, in most instances, they must, when used in this way, be repulsive in the extreme on several obvious accounts. The same objections apply to scarifying the neck of the uterus, which has also been found a very efficient remedy. Where the organ is protruded, however, this is very conveniently done, and has an immediate effect in reducing the fulness of its vessels.

Where the condition of the uterus is a still more chronic and confirmed affair—where, for instance, a year or more has fixed upon it the condition of congestion and its attendants, the means just mentioned would have but little efficacy. In such cases we want something which will act more steadily—more uniformly—more powerfully—and which can be continued any length of time that may be requisite, without losing its efficacy, or exacting too much from the patient. The latter is a very important consideration, as every one who has had much to do with chronic cases will at once confess. In many such, the disease is submitted to, the system gets accustomed to it, and reconciles itself to the annoyance—but not so to the remedy. The influence of the latter is slow, its effects not perceived for some time. There is nothing, therefore, immediately to cheer and encourage the patient, who in it only finds a new annoyance. If, then, this latter be great, it will not be persisted in faithfully and hopefully—two important conditions in any remedy—nor sufficiently long to attain the end desired.

We have found the seton to be such a remedy as is wanted—lacking the objectionable points just mentioned. Why this old means of revulsion should have gone so much out of use, we have never been able to explain to ourselves. Its application is far less painful than drawing a blister, and the care required in dressing it also much less than that of a blister, or of an issue. It looks, too, much less repulsive than the last, and does not leave so large and unseemly a scar when healed. We prefer a thumb lancet as the instrument with which to introduce it. Gathering up a fold of the skin we transfix it, and while the lancet is still in, pass between it and the skin above, but in the contrary direc-

tion, a common tape-needle, armed with silk braid. Performing the operation in this simple way disarms it of much that is frightful to the patient, and the thumb lancet is much more apt to be very sharp than the seton needle. Instead of the old way of using a long strip of braid wound on something, and unwinding a little every day and drawing it through the incision, we prefer, as far more convenient and cleanly, taking a piece only six inches long, and, after its introduction, tying the ends together in a hard knot, so as to prevent its being accidentally drawn out again. The length of the loop will readily admit of its being drawn back and forth an inch or so, and this should be done daily. When the strip has become soiled, it should be cut, a new piece sewed to the knotless end, and drawn through as in the old method. We have found this so much more convenient and cleanly than the former way of managing a seton, that we have thought the time given to describing it as fully worth the while.

Thus applied, we have found the seton a most efficacious revulsive in cases where the uterus is hardened and enlarged by a long continuance of the disease. And even, at an earlier period, it seems to have a most wholesome effect in so far relieving the organ as to permit it to return to the more regular exercise of its menstrual functions; a thing always greatly to be desired in such cases, both on account of the local and of the general effect.

As an assistant to these depletives and revulsives, we have used, just at the menstrual period, warm hip baths—commencing some three or four nights before the flow is expected. They should be taken just before going to bed, which should be warmed to such a degree as to avoid all possibility of chilling the patient upon getting into it. As a means of taking the hip bath, a common wash tub does very well. It should be so large that the patient can sit down in it with the feet over one side and the back against the other, and so deep that the hips will be well covered. While taking it, the rest of the person should be well protected from cold, and a blanket ought to be thrown over the tub, so as to retain the heat, and make it more uniform to the parts not submerged.

There is another local remedy which, so far as a very few cases go, we have found very efficacious in mild degrees of uterine engorgement. This is cauterizing the neck of the organ with nitrate of silver. It was first recommended in cases of uterine irritation, and the success of its application has gotten it very largely into use where that condition exists. Finding that on applying it in cases where the prolapsed and tumid uterus was very irritable, not only the last symptom, but also the tumidity, was relieved, we have since used it successfully for that alone, but, as yet, in too few cases to urge it strongly, though these cases were very marked. It is effected through a speculum, by a piece of nitrate of silver in a *porte caustic*.\* The frequency of its use must be determined by the

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\* We have been much inconvenienced in making applications to the os uteri for want of a proper instrument to hold the substance applied, whether it be solid caustic, or a sponge, or cotton wool dipped into a solution. To remedy this, we have had one made which we find answers admirably. It consists simply of a rod of whalebone, 3-16 of an inch in thickness and eight inches long, furnished with a pair of gilt forcep jaws at one end. It is easily cleansed, and does not interfere with the sight when using it.



symptoms. In most instances we have found that four days would give time for the eschar to fall off and a fresh surface to be presented for the caustic again.

Thus far our remedies have been directed to the organic condition of the uterus itself, and to replacing it in its proper situation. There are other symptoms closely associated with it and with the parts in contiguity, which require attention. The most obvious of these in most instances is the leucorrhœa; and in combating this, we think we have reason to say, error is often committed in addressing the remedies to it without sufficiently considering the condition of the organ whence it proceeds and its relation to that condition. As we have hinted above, we look upon it in a measure as a sort of provisional drainage from the engorged vessels, connected undoubtedly in advanced cases at last with an alteration, to a greater or less degree, of the inner surface of the organ. To attempt, then, to suppress it, whilst the condition on which it depends, or, to say the least, with which it is so closely associated, still exists, must be an error, and we feel that this view will be confirmed by closer examination into the phases of the disease in its progress towards removal. Why it has not been more insisted upon hitherto, is, that in most cases two or three symptoms are attacked at once, and the opportunity for analyzing the relation of the one to the other, is lost by their successive disappearance being attributed to the influence of the respective remedies used against them. Thus, the uterus is replaced by manipulation, and retained mechanically in its position; its congested state attacked by revulsives, and the leucorrhœa by astringents. In due time each morbid phenomenon disappears, and we attribute the disappearance to the particular remedy used, without having any reason to suspect that had the engorgement of the organ been relieved, the flow *might* have ceased of itself. It has, however, more than once happened with us, that the astringents acted a little faster than the revulsives, and an aggravation of the uterine irritation, amounting in one case to decided inflammation, was induced, leading us to examine more closely into the correctness of the principles on which our treatment was planned, and to come to the conclusions above stated.

#### TREATMENT OF APOPLEXY—PURE CRYSTALLIZABLE SUGAR.

[THE following is from a letter written by Dr. Samuel A. Cartwright, of New Orleans, to a medical gentleman of this city, who kindly permits it to be inserted in the Journal.—ED.]

Dear Sir,—I observe that you have (in the Boston Medical School) two chairs, or rather one and a half—Pathological Anatomy and Adjunct in the Theory and Practice. Enclosed I send you a paper in which allusion is made to Dr. Marshall Hall's theory and practice in apoplexy. The object of this note is to call your attention to a paper of mine on apoplexy, published some two years ago in the New Orleans Medical and Surgical Journal, which fell stillborn from the press. My theory is nearly the same as that of Hall, but my practice is much better and easier. For twenty-five years I have been in the habit of curing apoplexy

almost as readily as intermittent fever. Physicians will not avail themselves of the advantages of the practice, because the old theory of apoplexy will not let them. The laryngismus and trachelismus that Hall speaks of, can be cured by a mixture of salt, mustard, ipecac. and tincture of assafoetida, put into the mouth and fauces, very speedily. Patients can swallow that, when the deglutition of plain water is impossible. If the stertor or rhonchus be very great, with stupor corresponding to the stertor and relaxation of the sphincters, I add capsicum, quinine and laudanum, in full doses, to the mixture. At first it strangles, but by turning the patient on his side and disembarassing the throat of a tough mucus, or phlegm, *always in it* in such cases, and trying again and again, the patient will soon be able to swallow enough to vomit. If this be assisted by hot water to the head and epigastrium, the patient will soon regain his senses, after having taken enough to vomit. In my essay on apoplexy, I was afraid of spoiling it by saying much on the utility of hot water, as the medicine above mentioned will do in mild cases ; but coup de soleil cannot be cured without the hot water. They all die with the ice treatment. In regard to bleeding, I bleed if the pulse indicates it after the re-action. This is a very important subject ; and you must excuse me for calling your attention to it. I know not whether it would succeed in your winter apoplexies—but I know it would in the summer.

I expect you have seen, by this time, my paper in the Boston Journal on bronchial, dyspeptic and consumptive complaints. Permit me to call your attention to the different sugars—one a therapeutic agent, and the other a morbid agent. One kind fattens, and the other does not. One is grand in dyspepsia, the other hurtful. But how to tell the two kinds of sugar from one another, and when they are mixed together, as they generally are, how to tell the quantities of each, is a question of much importance. Optical chemistry will enable the practitioner to decide. If you have not paid much or any attention to that new science, I am afraid that my sugar remedy will fare badly in your estimation. I will observe that no other than crystallizable sugar exists in the mature joint of uninjured cane ; that it has a circular polarization to the right ; that after the juice has fermented, it rotates to the left. The first is the fattening, or therapeutic sugar ; the last, the morbid. These two kinds have the same property of rotating to the right or left that plagiedral quartz has. The angle of deviation is proportional to the length of the tube and to the number of active particles in the liquid. Hence by optical chemistry those particles cannot only be weighed more accurately than in a balance, but the amount in weight of particles of the different kinds of sugar in the mixture can be told. The molecular rotary power, one to the right and the other to the left, is a *constant* attribute of the nature of each. Crystallizable sugar in the cane results from no chemical re-action, as other sugar does, but from laws of vitality occupying a high rank in the scale of vegetable organization. But external agencies, as too much moisture, causing what is called the second growth of the cane, give rise to chemical affinities, which destroy the good sugar and convert it into glucose or a chemical sugar—



not a vital one. The cold of our southern States matures the plant, without hurting it—and hence our sugar is superior as a medicine, and as an article of diet, to West India sugar. It is nearly all a pure vital product, and not a chemical one—the excess of moisture being prevented by our cold weather, and the vital process perfected. But after a freeze and then a thaw, the sugar then made is partly chemical, has a sour smell, and is inferior. The per centage of crystallizable sugar is found by adding hydrochloric acid to a given solution, and observing the deviation, having previously observed the deviation before the addition of the acid. This is the best test for the purity of sugar of commerce. It is a subject worthy of the attention of the physician. To know the worm-breeding, scurvy-producing sugar, from the worm-destroying, anti-scorbutic and fattening sugar, by merely looking through a glass and making an algebraical calculation, is certainly a progression in science.

#### FOREIGN HONORS CONFERRED ON AN AMERICAN SURGEON.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—An honor conferred upon an American surgeon by an European institution, will be appreciated by the profession throughout the country. As your valuable Journal has a wide circulation among medical men, I am sure you will feel a pride in announcing the following fact—that upon Professor Valentine Mott has lately been conferred the Honorary Fellowship of Kings and Queens College of Physicians in Ireland.

Since the foundation of this College, which was nearly two centuries ago, but twenty-six medical men of different countries have received this degree—Prof. M. being the only American. Below I give you a list of them.

This College was founded in 1660, by Dr. John Stearne, Fellow and Professor of Physic in Trinity College, Dublin—was incorporated by royal charter of King Charles II. A.D., 1667, and re-incorporated by their majesties King William and Mary, A.D. 1692, under the title of the King and Queen's College of Physicians in Ireland.

Yours most respectfully, A SUBSCRIBER.

*New York, Sept. 24, 1852.*

#### HONORARY FELLOWS.

Francis Barker, elected June 14, 1813.  
Wm. Harty, Oct. 28, 1833.  
Peter Mark Roget, Jan. 4, 1836.  
Wm. Pultney Alison, April 11, 1836.  
Jonathan Osborne, Oct. 26, 1840.  
Charles Johnson, Oct. 18, 1841.  
Robt. Law, Nov. 1, 1841.  
Chas. Farren, Oct. 31, 1842.  
Geo. Alex. Kennedy, April 13, 1846.  
John Creery Ferguson, Oct. 26, 1846.  
Thos. Cumming, Jan. 10, 1848.  
Neason Adams, Jan. 10, 1848.  
Thos. M'Keever, Jan. 10, 1848.

Fleetwood Churchill, Jan. 10, 1848.  
Sir James Clark, Bart., Aug. 2, 1849.  
John Thos. Banks, April 8, 1850.  
John Toleken, April 8, 1850.  
James Apjohn, Oct. 28, 1850.  
P. Ch. A. Louis, May 26, 1851.  
G. Andral, May 26, 1851.  
A. F. Chomel, May 26, 1851.  
M. Paul Ant'e Dubois, May 26, 1851.  
Carl Rokitansky, May 26, 1851.  
Joseph Skoda, May 26, 1851.  
Hermann F. Kilian, May 26, 1851.  
J. Muller, May 26, 1851.

## RESPIRATION—TREATMENT OF THE CHOLERA.

*To Samuel A. Cartwright, M.D., of New Orleans.*

DEAR SIR,—Since you have done me the honor to address me through this medium, it seems but the natural dictate of respect and gratitude that I should reply in the same manner.

Again, the cholera still prevails. This morning's papers state that there have been fifteen deaths in New York during the past week ; and I wish by writing to you through a public journal to call attention to the facts developed in your researches and in mine. The same regard to human life prompts me to this course which induced me, in 1849, to publish a work on "Respiration and its Effects, more especially in relation to Asiatic Cholera, and other Sinking Diseases," in which it was shown that many witnesses, most of whom may now be produced if required, were, and they now are, ready to testify to a sudden restoration from what had before been regarded as the last and fatal stage of that dreaded malady ; and that these restorations were effected without medicine. The patients were saved by faith in the teachings dictated by the truths of which you, Sir, have, with me, been the advocate and expounder, and by following their faith with corresponding works of their own. Thus, by the vigorous use of the organs of voluntary respiration—accession of air and position being regarded—they cleared their air-passages of irrespirable gas, and drew in the oxygen which re-kindled at the lungs the warming fires of life. This gave to the checked blood its accustomed flow, exciting the heart to renew its functional movement, and almost instantaneously rounding out the pinched and collapsed features of cholera ; and substituting for the pale violet hue of the face, at first the dark purple of the venous blood, and then the bright roseate tinge of the arterial, with answering returns of strength and health.

The announcement of these cures was made only a few months after the nation, by the direction of its chief magistrate, had held a day of fasting and of prayer, that the Almighty would be pleased to withdraw this terrible scourge ; but still it was rife in the land. Why was this announcement received so coldly by the medical world ? Why did the editor of a neighboring journal of medicine, after promising to give me a few pages of his periodical for the publication of such extracts from my work as I should choose to make—why did he, when I drew out and sent him the extracts, treat me with the rudeness to break his promise, without even making me any apology ? I suppose it must have been because he and other medical men did not believe the truths which I published. Now I wish to recall this subject to their minds. You have shown to the world, by the ever-memorable experiment of the resuscitated alligator, *how* the admission of fresh air operates to re-kindle the fire of life, and set its clogged wheels in motion. And will not mankind now open their eyes to see and understand, that while life remains, and the animal organism is unimpaired, the individual may better introduce the needed air into his own lungs, than the operator force it into those of a breathless alligator.

But it may be said alligators are not human beings. Go, then, unbe-



liever, to the chamber, where a father in his agony stands beside the pale, still body of his expired babe. Mark in his countenance the struggle and the noble victory, by which prejudice succumbs to parental affection. Mark his active exertions; and see, that little bosom heaves, and the lips part with a convulsive gasp! O for a painter who could delineate that scene; who could throw the brightness of hope and joy over the dark ground of despair, as then they were shining upon the father's face! Bring this scene before you, and then ask yourself—if Dr. Ely could resuscitate his infant of six months old, after he had actually expired with cholera, why could not I, if attacked with the same disease, cure myself by the vigorous use of my own voluntary muscles of respiration? The candor of Dr. Ely, I hope, may be imitated by others. And as to the "little orator," William Francis Ely, I hope he may live to follow the noble profession to which you, Sir, have done so much honor, and to teach, both in principle and in practice, the truth, to which he will learn that, under God, he owed his infant life.

Most respectfully your friend and servant,

Troy, N. Y., Sept. 18, 1852.

EMMA WILLARD.

#### EXPULSION OF TAPE-WORM BY PUMPKIN SEEDS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE II.—Through the politeness of Dr. E. M. Moore, I had an opportunity, about two weeks ago, to administer the pumpkin-seed emulsion to a patient of his, affected with tape-worm. The remedy was taken at 6, A.M., followed by two doses of castor oil, which expelled the worm at noon. When I saw it, it was much corrugated by immersion in strong alcohol, so that its length must have been materially reduced. It measured eighty inches, and was composed of neck, body and tail, but no head. The patient, for a number of years, had expelled fragments of the worm almost daily, and quite recently had pulled off more than a foot in one piece. I proposed another trial of the remedy, with a view of obtaining the *head*, but the experiment has been necessarily postponed. In respect to the evacuation of the head, upon which so much stress is laid, it is well to bear in mind, that from the extreme tenuity and fragile nature of the animal's neck, and the means which the head possesses of fastening itself to the bowels, together with the minuteness of the organ itself, various difficulties and disappointments must arise in our efforts to obtain ocular demonstration of this structure. Bremser mentions "an important practical fact, viz., that of the many hundred persons cured by him of tape-worm, not a single individual has seen the head come away."—(Cycl. Pr. Med., art. Worms.)

The seeds used in the above case were of the common pumpkin—*cucurbita pepo*—and were prepared as follows. Take three ounces of pumpkin seeds, bruise them thoroughly in a mortar, and add water until by expression and straining they afford eight ounces of emulsion. The whole to be taken at once on an empty stomach, followed in two hours

by a sufficient purgative dose of castor oil. Cold water to be used freely as a drink, but no food until after the operation.

In Philipp Lorenz Geiger's *Hand buch der Pharmacie*, Heidelberg, 1829, 2nd vol., p. 1702, the *cucurbita occidentalis* (West-Indian pumpkin) is recommended, on the authority of D. Mongeney, as a valuable remedy for tape-worm.

For *simplicity, cheapness and safety*, the "pumpkin-seed remedy" has no competitor. That its *efficacy* may prove equal to that of kousso and other celebrated articles, is not an unreasonable anticipation, and my object in recording these two cases has been, to induce the readers of the *Journal* to *test* it and report their experience.

W. W. ELY.

Rochester, N. Y., Sept. 27, 1852.

## PHYSICIANS AND THEIR DOINGS IN IOWA.

[Communicated for the Boston Medical and Surgical Journal.]

SOME four or five years since, Drs. M. H. Clark, of Council Bluffs, Swan, Prof. Hudson, and Sanford, entered into an arrangement to canvass the State of Iowa, and secure if possible the influence and patronage of every practising physician in it for the medical department of the University of the State. The report of these gentlemen was highly satisfactory. Their efforts were seconded by the Superintendent of Public Instruction, Col. Thos. H. Benton, the Governor of the State, and many other influential citizens, by whose wise and noble efforts to further the objects of the physicians, a faculty was organized, and a course of lectures delivered at Davenport. Next season the citizens of Keokuck tendered the faculty a very suitable building for lecture rooms, laboratory, &c., and made a generous donation towards erecting and furnishing a suitable building for a hospital, which was accepted by the Faculty and Board of Trustees of the University, and the next course of lectures delivered there to a respectable class. The Legislature of the State granted five thousand dollars during its last session to the institution, to be used as the Faculty thought proper, for the benefit of the school. In the selection of the Faculty the Trustees were actuated by motives which were highly commendable. Merit alone was the test, and the present flourishing condition of the school, where a few years ago the wigwam of the Sac and Fox Indians stood, shows the wisdom of the course.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 6, 1852.

*Canabis Indica*.—A New Orleans paper states that a druggist of that city has been experimenting with that singular product—extract of Indian hemp—to test its applicability in disease. Having on several occasions



given accounts of the common custom of smoking it in Egypt, and widely distributed, some years since, parcels of the extract to medical superintendents of institutions for the insane, prepared by Prof. O'Shaughnessy, of Calcutta, it is unnecessary to report respecting it what has become an old story. Although hopes were entertained that it might be advantageously prescribed for some order of lunatics, no satisfactory results were obtained, and *Canabis Indica*, therefore, has now quite fallen into forgetfulness among us. The statements of the New Orleans experimenter accord with the accounts of effects produced on the hack-hish smokers on the borders of the Nile. It seems, according to his observations, that there is little if any difference in regard to the effects on the system, whether the article is taken into the stomach, or inhaled when volatilized into the lungs. Those we saw under its exhilarating influence, sat upon a wooden bench, on their haunches, gravely drawing at a pipe-stem, without uttering a single word. Suddenly one of the company would burst into a tremendous horse-laugh, and then another, without having even spoken or looked at each other. Tears rolled down their bronzed cheeks, to such a pitch of pleasurable excitation had they been raised. Visions of extatic beauty were represented to have been dancing before them, while wit and repartee, to which they supposed themselves listening, all but convulsed their over-excited systems. The gentleman in New Orleans, referred to in the paper, "took six grains, a very large dose, which produced great weight about the head, followed by irresistible bursts of laughter, during which, however, perfectly conscious of of all that he was doing, and felt and thought. He says: 'I was astonished by the crowd of brilliant and novel fancies and ideas that rushed through my brain, returning over and over again. Imagination and perception were developed to their fullest extent. All the principal incidents of my life passed before me like a flash. This condition of mind lasted two hours. Dreams and reveries of the most pleasing nature followed this extraordinary tension of the intellectual faculties. Then came a deep, calm sleep, which terminated this singular fit or mental hallucination.' Another person, who took the same quantity, first felt the most extreme terror, undefinable, and without an object, which was followed by immediate laughter."

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*Delirium Tremens.*—An anonymous correspondent in New York has addressed a note to the editor, in which he insists that *delirium tremens* has its origin in the excessive use of *cocculus Indicus*, which brewers and spirit adulterators introduce extensively into beer and other liquors. Gin and brandy, too, of the imitation kind — and, by the by, there is but very little of any other kind — are drugged with the same pernicious berry; and those, therefore, who swallow the largest number of drams, receive the greatest amount of this poison. *Cocculus Indicus* imparts the intoxicating property to beer and ale; and such is the immense quantity of the article said to be used in England, that sad consequences very naturally follow excessive beer drinking. The idea, however, that *delirium tremens* is developed by that article, and that pure spirits exert no injurious effects on the system, is a new doctrine, to us, at least, and requires to be fortified by responsible names before it has credence in this direction. Hard drinking, which means downright intemperance, certainly has produced *delirium tremens*, in sections of country where intoxicating liquors are made, and in which the *cocculus Indicus* was not employed. We therefore shall be slow to believe in the theory, based on the mere assumption of a nameless writer.

*Effects of Carious Teeth.*—At the late meeting of the American Society of Dental Surgeons, held at Newport, R. I., a dissertation was read by Dr. Robertson, of Manchester, N. H., which was creditable to him as a man of science. He is doubtless correct in his views of the pernicious consequences of suffering decayed teeth to remain. They are sources of irritation, inflammation, suppuration, and a multitude of other disquiets which could hardly be enumerated. The cases cited in illustration of his propositions, are pertinent, and fully bear him out in the conclusion, that decayed teeth are potent engines in undermining health. In the course of his paper, the author remarks: "And shall the conservators of the health of the people—the physicians, or the dentists—then overlook or disregard this far more concentrated miasm, and its source, decayed and decaying teeth, situated as it is in the very gateway of the life of their patients?"

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*Obstetrical Apparatus.*—Dr. Wm. W. Finch, of Ausable Forks, Essex Co., N. Y., is the inventor of a curious combination of straps, pads and braces, intended to be at the disposal of females in the hour of labor. The apparatus is ingenious, portable and cheap—and, better still, is likely to be useful. As a whole, it is one of those things that cannot be intelligibly described, and yet it is perfectly simple. Medical gentlemen will perceive the advantages the invention offers, the moment it is presented to them. We are informed that females who have availed themselves of the mechanical assistance afforded by Dr. Finch's ingenuity, are unanimous in its praise. Perhaps some physician who has used it may favor us with a communication on the subject.

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*Materia Medica and Therapeutics.*—A prospectus is abroad, as mentioned last week, for the publication of the mass of erudite writings, by William Tully, M.D. From the intimations presented by the publisher, or rather proprietor of these papers, the medical public have a right to indulge in high expectations. We believe no one will question the great learning of Dr. Tully. He is at home in any department of human knowledge, but is more particularly conversant with materia medica and therapeutics. Like Humboldt, he is never idle, but perpetually adding to the immense accumulation of facts illustrative of the every-day phases of the human system, and the treatment of its diseases. We therefore trust that encouragement will be given to the projectors of this enterprise, so that the results of this eminent medical philosopher's long course of study and experiment may be circulated and benefit the profession.

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*Cause of Idiocy in Massachusetts.*—One of the Boston papers has the following paragraph:

"Dr. Howe has examined carefully almost the entire number of cases of idiocy known to exist in Massachusetts, and the result is that in all but four instances, he found the parents of these idiots were intemperate, addicted to sensual vices, scrofulous, predisposed to insanity, or had intermarried with blood relations."

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*Medical Appointment in Philadelphia.*—By request of our friend Dr. Ramsey, Editor of the East Tennessee Record of Medicine and Surgery, we hereby cheerfully lend our aid in correcting an error made in the last



number of that periodical relative to a recent appointment in one of the medical schools of Philadelphia. Dr. F. Gurney Smith has been called to a Chair in the Medical Department of Pennsylvania College, and not in the Philadelphia College of Medicine as stated by the notice in the Record.

*Negro Population of America.*—A statistical writer has furnished the public with the following computation of the African descent now existing in the New World :

United States,	-	-	-	-	-	3,650,000
Brazil,	-	-	-	-	-	4,050,000
Spanish Colonies,	-	-	-	-	-	1,470,000
South American Republics,	-	-	-	-	-	1,130,000
British Colonies,	-	-	-	-	-	750,000
Hayti,	-	-	-	-	-	850,000
French Colonies,	-	-	-	-	-	270,000
Dutch Colonies.	-	-	-	-	-	50,000
Danish Colonies,	-	-	-	-	-	45,000
Mexico,	-	-	-	-	-	70,000
Canada,	-	-	-	-	-	35,000
Total,	-	-	-	-	-	12,370,000

Of these seven and a half millions are in slavery, in the United States, Brazil, and the Spanish and Dutch Colonies; one quarter of a million in process of emancipation in the South American Republics; and the remainder, four million six hundred and twenty thousand, are free.

*Tribute to Dr. Hooker.*—At a meeting of the Norwich Medical Association, August 12, 1852, a committee was appointed to draft resolutions in regard to the anticipated removal of Dr. Worthington Hooker to New Haven. The following, proposed by the committee, were unanimously adopted, and ordered to be published in such journals as the committee should think proper.

*Whereas*, The members of the Norwich Medical Association, desiring to avail themselves of the opportunity for expressing their regard for Dr. Hooker on the occasion of his retiring from the practice of his profession in this place, and feeling warmly attached to him personally, for his kind professional intercourse and the uniform courtesy and patience which have distinguished him in the discharge of his duties, and having a high esteem and regard for him as a talented and accomplished physician,—therefore,

*Resolved*, That we sincerely regret the separation from us of one who has set so eminent an example of true professional honor, and who has ever so scrupulously regarded the rights and feelings of his medical brethren.

*Resolved*, That such an example puts to shame too many medical practitioners of the present day, who seem to be governed by an overbearing spirit, or by a crafty, insinuating disposition, wounding at every step the fair fame of those whom they should treat as brethren.

*Resolved*, That in his work entitled "PHYSICIAN AND PATIENT," Dr. Hooker exhibited rare qualities that have justly secured to him the esteem and confidence of the great body of the profession throughout the country ;

and that the prominent position which he now holds among medical men, resulting from these qualities, indicates for him a career of great and extensive usefulness in the new relation to which he has been called.

*Resolved*, That in Dr. Hooker's untiring zeal and industry, in his careful habits of investigation, in his sound and wise discrimination in the application of medical principles, and in the operations of his clear and vigorous mind, enlightened and instructed by the various learning of his profession, we see the true causes of the eminence to which he has attained.

*Resolved*, That we congratulate the Faculty of Yale College, and the Medical Profession in the city of New Haven, upon their good fortune in securing for the Chair of the Theory and Practice of Medicine, a gentleman so fully possessing the requisite qualities for filling that position.

HORACE THURSTON, *Sec'y of the Association.*

*Ether Controversy.*—In an extra sheet attached to the Journal of the present week, will be found the debate of the Senate, at Washington, on the great ether controversy. It is taken from the Congressional Globe, the official organ of the Senate. Believing our readers would like to peruse the document, inasmuch as it throws some new light on the important subject discussed; and as many impressions have been made and not a few statements gone forth which are more or less erroneous, we issue it entire, in a supplement. This will enable our readers to form an enlightened and correct judgment in the matter—which it is impossible to do from the thousand and one conflicting paragraphs that have from time to time appeared in the daily journals, emanating from uncertain sources; or from the still more numerous reports in the street, at public resorts, or in the social circle.

*Medical Electricity.*—We would refer the reader to an advertisement of Dr. J. B. Cross, in to-day's Journal. We believe Dr. C. has been more closely devoted to this particular branch of practice for a long series of years, than any other person in this city, and those who are most familiar with his practice bear testimony to his ability and faithfulness. The New York Quarterly Journal of Medicine says of him—"J. B. Cross, Esq., of Boston, is a medical electrician of great experience and reliability."

Between 50 and 60 fatal cases of cholera have occurred at Columbus, Ohio, since the 20th of June last. The dysentery has also been unusually prevalent there the present season.

**NOTICE.**—In the number of this Journal for July 28th, a notice was published respecting Mr. O. W. Kibbe, an agent for the Journal, which seemed to be called for by circumstances unnecessary here to mention. We are now enabled to state that these circumstances have been explained, and his accounts with the publisher have been fully and fairly settled. We know nothing against Mr. K. as a man of integrity, and trust that any suspicions respecting him which may have been caused by the notice referred to, will be fully removed by the explanation now made.

**DIED.**—At Lebanon, Conn., Dr. S. W. Clarke.—At New Orleans, drowned, Dr Tricon, a prominent citizen.—At Washington, D. C., Thomas Baldwin, M.D., of Vershire, Vt., 28.—At New York, William Anderson, M.D., 60.

*Deaths in Boston*—for the week ending Saturday noon, Oct. 2d, 83.—Males, 44—females, 39. Accidental, 5—dropsy, 2—inflammation of bowels, 3—disease of brain, 1—consumption, 21—convulsions, 6—cholera infantum, 2—dysentery, 7—diarrhoea, 2—dropsy, 2—dropsy of brain, 1—exhaustion, 1—scarlet fever, 5—fracture, 1—hooping cough, 1—disease of heart, 2—infantile, 6—disease of liver, 2—marasmus, 1—old age, 4—palsy, 1—pleurisy, 1—syphilis, 1—teething, 4—thrush, 1.

Under 5 years, 30—between 5 and 20 years, 9—between 20 and 40 years, 26—between 40 and 60 years, 8—over 60 years, 10. Americans, 32; foreigners and children of foreigners, 51. The above includes 7 deaths at the City institutions.



*Holland Gin as a Medicine.*—In our last number we accompanied the publication of a Circular on this subject, from our fellow citizen Udolpho Wolfe, Esq., with a brief commentary, expressive of our own views. Since then we have been employing this agent, and thus far with favorable results. But we are in the receipt of several communications on the subject from medical men, which serve to show that Mr. Wolfe's Aromatic Schiedam Schnapps, is very extensively in use, and, in the hands of physicians, is proving itself, as a stimulating diuretic, to be eminently successful, after other medication with this intent had been tried in vain. In one of the cases thus reported, abdominal dropsy has been cured, and the necessity of tapping averted; and in another, a distressing case of gravel, so called, has been entirely removed by the passage of a calculus of considerable size, which is ascribed to the use of only two bottles of this article.

We know not the object of Mr. Wolfe in designating his preparation by the singular uneuphonious name of "*Schnapps*," nor of his denominating it in his advertisements, the "concentrated Tincture of Juniper," instead of perpetuating its ancient title of Holland Gin. It is true that he admits it to be nothing else than the latter article in its pure state, unadulterated by noxious drugs, and hence he contradistinguishes it from Gin of commerce, nearly all of which, as is well known, is manufactured here and elsewhere from inferior whiskey, and refuse drugs. The name he has given it, however, may serve the purpose of designating his article, as prepared exclusively for medical purposes, and thus commend it to physicians, for whose convenience it is on sale only by reputable druggists and apothecaries.

As respects its medicinal and curative effects, we understand him to claim only that it is a pure and reliable article of Holland Gin, and as such worthy of the confidence of physicians, in those diseases for which they are wont to prescribe it, and have hitherto only been restrained, by finding it impracticable to obtain the article in a pure state. Nor should any prejudice against alcoholic medicine deprive the afflicted of the benefit of this article, which from time immemorial has held its place among the remedial agencies of the *Materia Medica*, if it be found worthy of confidence by continued experience. At all events, those who persist in the employment and toleration of other alcoholic medicines, as tinctures, bitters, &c., and especially those who prescribe Gin under any circumstances, must all unite in giving the preference to a pure article over the manifold adulterations so rife in the market. Mr. Wolfe liberally supplies physicians with a sample bottle for analysis and trial, as set forth in his Circular, and stakes the reputation of the remedy upon the innocence, safety and efficiency of his Holland Gin, when used under medical advice; and pledges his own character in business that the article will not disappoint any who use it.

We shall take occasion hereafter to discuss the whole subject of alcoholic medicine, a topic which has recently been attracting much attention in Europe and America.—*New York Medical Gazette.*

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*Extraordinary Fecundity.*—A Belgian paper states that a woman, thirty-three years of age, is now living at Liege, who affords an astonishing example of fecundity. She was lately confined of triplets, who are respectively her twenty-second, twenty-third, and twenty-fourth children. She has thus had, during nine years of married life, twenty-four children, all in good health, and of the female sex.—*London Lancet.*

# SUPPLEMENT

TO THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

WEDNESDAY, OCTOBER 6, 1852.

## The Ether Controversy.

THERE having been many mis-statements, not to say falsehoods, put forth, especially in this community, in regard to the "ETHER CONTROVERSY," we have thought that the importance and interest of the subject were sufficient to warrant the publication of the late Debate in the U. S. Senate, reviewing the whole matter. The document exceeding in extent the space which the present crowded state of our columns would permit us to devote to its insertion in the body of the paper, we issue it in a Supplement. The public will thus be enabled to judge fairly and impartially of the real merits of this greatest of modern discoveries in the medical world.

### SULPHURIC ETHER.

## DEBATE IN THE SENATE,

SATURDAY, AUGUST 28, 1852.

The Senate having under consideration the bill making appropriations for the support of the Army for the year ending June 30th, 1853—

Mr. BORLAND, from the Committee on Military Affairs, submitted the following amendment, to come in after the appropriation for the medical and hospital department of the Army:

To enable the President of the United States to procure the surrender of the patent issued to William T. G. Morton on the 12th day of November, 1846, for his discovery of the anaesthetic properties of sulphuric ether, \$100,000.

Mr. BORLAND. Mr. President, if the Senate will give me their attention for a few moments, I think I can put this matter on its true merits. The proposition is to appropriate \$100,000 to enable the President of the United States to purchase from a patentee his patent, or the privilege of using property to which he holds exclusive right under his patent.

The first inquiry that we make is: Is that which we propose to purchase valuable?—and, if it is, what is its value? I will not undertake to go into a detail of facts, or any argument to show the value of the discovery of the application of sulphuric ether as an anaesthetic agent. It is a subject which has been before the public so long, that I apprehend every Senator is familiar with its history, and the character of the discovery. I state what I apprehend no one will controvert—I state as a member of the medical profession, representing, in that respect, I think truly, the universal sentiment of the profession throughout the world—that as a discovery beneficial to the human race, if it be second to any which has ever been given to the world, it is second to vaccination alone. I know that the universal sentiment of the medical profession, so far as that sentiment has been expressed, is, that it is second to vaccination. But I also know, and state with confidence, that an immense number, almost an equal number, of the medical profession think it is of equal value; and many of the very highest authority consider it of

much greater value than even vaccination to the human race. So much for the estimation in which it is held by the medical profession throughout the world.

Then, sir, for the estimation in which it is held by the officers of our Government, who have availed themselves of its use in the public service, I have before me letters from the Secretary of War, from the Secretary of the Treasury, from the Secretary of the Navy, from the head of the Medical Department of the Navy, and from the head of the Medical Department of the Army—all concurring in assigning to this discovery, as used in the public service, the very highest value; and expressing the wish, that the Government might, by proper means, avail itself of the right to use it in the public service. I will not read these letters. It would occupy too much time of the Senate to do so. But if any Senator should desire their reading, they can be read. All assume, that it is of the very highest value, both to the Army and Navy; that it has been availed of for years past; and that incalculable benefits have resulted to the public, in saving life and allaying human suffering, greater than has ever been derived from any one source. It is a well-known fact, that, in the Army and Navy, in the performance of all important surgical operations, this agent is now very rarely, if ever dispensed with. And not only so, in the Army and Navy—not only is it used in saving life and suffering on the part of our soldiers, and our sailors, but throughout the private practice of the country, the most eminent surgeons and physicians resort to it now habitually, and declare that it has become one of the most important and valuable agents which they have in the profession. If there were time, I could go on for hours in giving the particulars, giving the *modus operandi*, giving the cases by name, and by number, till they would count thousands upon thousands; but there is no time at this period of the session for that.

The next point I would present is, how far it is recommended to our consideration? The Select Committee of the House of Representatives, to whom this matter was referred—although, as the Senator from Connecticut suggests, they did not formally make their report, yet it was only because no opportunity was afforded for them to do so—have prepared a report—it is here before me—a most elaborate, learned, and conclusive report as to the incalculable value of this agent, and the propriety, in the opinion of that committee, of its being availed of by the Government.

Sir, it may be asked if this be so valuable—if this individual has a patent for it, why does he not avail himself of the use of the patent, and prevent the use of sulphuric ether as an anaesthetic agent without recompense to him? I need hardly remind the Senate of the fact, that it is one of those cases in which he cannot enforce his legal rights. How can he, sir? Why, this agent is used in every State and county in this Union; and it may be, and perhaps is, used in almost every family where physicians practice. He has no practical remedy for the violation of his patent. Can he go to the bedside of the sick and suffering patient, who is undergoing an operation under the influence of this agent, and lay an injunction upon



its use on such an occasion? Certainly not. It is one of those cases which must strike the mind of every man that his patent, so far as the legal remedy extends, is worthless to him, although he has the legal right, for he holds the patent from the United States to its exclusive use for a certain term of years.

The next question is, Is the individual who holds the patent lawfully entitled, if any one, to be paid for the use of this agent? I say, he is. I have before me here a copy of his patent, and of the record in our Patent Office. The official acts of our officers have recognized and established, as our laws require, the identity of this individual as the lawful owner. It has been stated, I know, and may be repeated, that there is an adverse claimant; that there is another individual who claims to be the discoverer, and who has a title to at least a portion of the compensation which we propose to pay. But to meet that I have to show that if that individual ever had any right to be considered the discoverer, or any title to compensation, it has been relinquished for a consideration in favor of Dr. Morton; for here I have from the Patent Office an official announcement to that effect, which is signed by Dr. Jackson, the only individual that I know of who sets up an adverse claim to this discovery. But there is evidence before us from the very highest medical men in the country, and from the very highest medical officers of the Army and Navy, all recognizing Dr. Morton as the discoverer of this invaluable agent. But even if that were not so, the only other individual who sets up a claim to it has already, in the most solemn form, relinquished it forever, and assigned over to Dr. Morton all right or claim which he (Dr. Jackson) ever did have or could have. So that the point is settled that Dr. Morton stands before us as the patentee lawfully entitled to this discovery as the original discoverer.

In the next place, lest it might occur to the minds of some that purchasing the right from a patentee to use a valuable discovery is a new thing in our Government, I beg leave to call attention to the records, which show that it is no new practice, but for years and years has been repeated over and over again. I will cite a few cases. We paid for the right to make anchors of a certain form for the Navy, \$1500; for the use of circular bullet moulds, \$5000; for the use of gas in vapor baths, \$5000; for elevating and pointing heavy cannon, \$20,000; for the right to use patent attrition metal, \$20,000. We paid to the heirs of Robert Fulton, for benefits conferred by his improvements in steam navigation, \$76,300. We paid for Mix's manger stopper, used in the cavalry service, \$3000. We paid to Dr. Locke, for the use of his magnetic clock, \$10,000. We paid to McCulloch & Booth, for the right to use the improved method of refining our argentiferous gold bullion, \$35,000;—thus making an aggregate of \$165,000 paid in these cases. But, in addition to these, there have been numerous instances in which patent rights, or the privilege of using in the service of the Government patented articles, have been purchased by the Departments, some of which instances I find cited in connection with the report of the Select Committee of the House of Representatives, for which were paid \$178,032; making an aggregate of \$343,000 paid by the United States for patents and the use of patented articles.

Since I have been a member of the Senate, when meritorious individuals have come before us, who had made important discoveries, we have aided them to test their discoveries, by appropriations, amounting in the whole to \$120,000.

I mention these facts to show that precedents are all in favor of such use of the public money to enable the Government to avail itself of important discoveries.

I will not detain the Senate by saying more on this subject. I will briefly sum up. This discov-

ery is a most valuable one to the human family at large. The two branches of our public service, the Army and Navy, have availed themselves extensively of it. It is one of the most valuable remedial agents that the world has ever known. It is in constant and growing use. This idea which we are thus using, not only prolongs human life, and protects our soldiers and our sailors, and all in our public service from immense suffering, but it is saving in that mode of treating diseases, thousands upon thousands of dollars every year and every month. This individual cannot enforce his legal rights against anybody, owing to the very nature of the case. We are making use of his property to our great benefit, and he is receiving no compensation whatever for it. Then the papers before me, as I have read them, show that he is the individual who is entitled to compensation, if any one, for the use of this property. We find that the practice of the Government—a very enlightened and useful practice, in my opinion—has been in favor of appropriations of this sort. Then, sir, I ask if this is not a proper occasion for the continuance of this practice? When was there ever before us a more meritorious case? The medical profession throughout the country sustain me in the assertion that this is the most valuable remedial agent that ever has been known. How can we, then, in justice to ourselves, in common justice to the individual who has furnished us this valuable, or rather invaluable remedy, refuse to pay him for it?

MR. SMITH. Mr. President, I do not know that I have been at any time since I have been in Congress, more surprised than I was yesterday, to learn that this Dr. Morton, in place of presenting a petition to the Senate, had, without the knowledge of other parties in interest—without the knowledge of other members of the Senate—gone before the Committee on Military Affairs, and I believe the Committee on Naval Affairs, had an *ex parte* hearing, and induced them to make a report, by way of amending a general appropriation bill. I knew that he had presented a petition to the House of Representatives. I knew that he had caused a select committee to be raised there, which we all know is ordinarily favorable to the object to be effected by it. I knew that he had been before them, and that the committee had decided to draw up a report in his favor, which report he had caused to be printed at his own expense, and was circulating among members of Congress. But, sir, I did not dream that he was seeking to obtain the judgment of one of the standing committees of this body, without any knowledge or any information to other parties who were deeply interested in this subject, and who would have come before that Committee for the purpose of submitting considerations and facts that have a very important bearing on the subject.

Now, I have to say, in the first place, that Dr. Morton has made no discovery which is patentable. It is true that he went into the Patent Office here several years ago, and took out a patent for what he was pleased to denominate a "letheen." The mere idea that this article—I do not know exactly what he called it—is patentable, I believe is the object of contempt and ridicule among the medical profession throughout the whole country. I desire to know what Dr. Morton pretends to have discovered? Has he discovered sulphuric ether? Nobody pretends that he has. Has he discovered that sulphuric ether can be taken into the lungs with impunity? Why, when I was a boy in college, I saw it administered over and over again. I believe we used to denominate it "laughing gas," and we were greatly amused with the antics which would be performed by young gentlemen when they had taken it into their lungs.

MR. SHIELDS. I do not wish to interrupt the honorable Senator; but I think he is mistaken in a matter of fact; but perhaps I had better not correct the Senator until after he gets through.



Mr. SMITH. I would like to be corrected now.

Mr. SHIELDS. Then I venture to say that the Senator at college never saw sulphuric ether administered.

Mr. SMITH. Well, nitrous oxyd gas and chloroform produce the same effect. I have seen nitrous oxyd administered while I was at college, and my honorable friend from North Carolina [Mr. BADGER] will recollect the time when he and I were at Yale College, and often saw it administered. Nitrous oxyd gas, chloroform, and sulphuric ether produce exactly the same effect. It seems to make no difference whether you use one or the other; but I believe the medical profession generally believe that this species of ether is, under all the circumstances of the case, the best to be administered. But I desire to inquire of my honorable friend from Illinois, who seems to have formed an opinion on this subject, what this gentleman claims? Does he claim to have discovered sulphuric ether? Does he pretend to have discovered that it could be taken into the lungs with impunity? Not at all.

Mr. SHIELDS. I will answer the Senator. I presume these elements commenced at the creation of the world, but this individual first discovered their use and application.

Mr. SMITH. I insist that he has discovered nothing whatever. That a discovery has been made, I admit; and that discovery is, that the effect of ether, or nitrous oxyd gas, or chloroform, taken into the lungs, is to produce insensibility in the human system. That is all the discovery there is about it. I say that nitrous oxyd gas and chloroform will produce exactly the same effect. I agree with the honorable gentleman from Arkansas, that this substance, when taken into the lungs, will produce insensibility in the subject under the operation of the knife. I agree with him, that it is a great boon to humanity; but I deny that it is a patentable discovery. It is a mere ascertaining of a particular effect of a thing that has been known for I do not know how long. For the last fifty years, physicians have been administering nitrous oxyd gas, sulphuric ether, and chloroform; but they had not found out that under the effect of these substances the knife could be applied to the system without producing pain. This gentleman came down here, and went into the Patent Office, and undertook to get a patent there for certain specifications, telling how this ether could be compounded and administered, and then pretended to get up some sort of patent for it. A patent for a particular effect! Who ever heard of a patent being granted for the discovery of a mere effect? It is not a "machine," not an "art," not a "composition of matter," which are patentable under our laws; but it is a discovery that a certain matter will produce a certain effect. I say that is not patentable. I am willing to leave it to any lawyer in this chamber that an effect is not patentable. This individual never sold a patent right, and never pretended to sell a patent right; and I repeat again, that the mere idea that ascertaining the effect of an old and known article is the subject of contempt and ridicule all over the northern country.

Mr. BROOKE. I would ask the Senator from Connecticut, if he considers Daniel Webster a lawyer?

Mr. SMITH. I have a little bit of a suspicion that he is. [Laughter.]

Mr. BROOKE. Then I would refer the Senator to his opinion, given as a lawyer, that this discovery is patentable.

Mr. SMITH. That may be so; but if it be so, why does not this patentee assert his rights? If he has got any rights under his patent, why does he not sue somebody for their violation? He has never instituted a suit. He has never pretended to enforce the patent in any shape or form. The physicians, surgeons, and dentists all over this continent and all over Europe, are using sulphuric

ether as an anaesthetic agent, and he has never demanded a penny from them. He knows well enough, that he could not recover a penny of damages, if he were to sue them for a violation of his patent rights; I do not care who makes any assertion to the contrary. In my own State, in every State of this Union, it has been administered. I have seen it administered to patients in this city. Why does he not institute a suit against somebody?

Mr. JONES, of Iowa. The United States cannot be sued.

Mr. SMITH. I know the United States cannot be sued; but can a surgeon in the army of the United States use a patented article with impunity? If this individual has a right to the exclusive use, under his patent, why does he not get Mr. Webster, or somebody else, to sue some surgeon for using the article thus patented?

I have got at my quarters a petition from the widow of Dr. Horace Wells, of Hartford, Connecticut, which has been transmitted to me within the last few months, and which is addressed to the Senate of the United States. I have been requested to lay it before the Senate, and present the claims of Dr. Horace Wells, deceased, as being the actual discoverer of the anaesthetic effects of sulphuric ether. Why have I not presented it to the Senate? Because it was so late in the session that I did not suppose the subject could be investigated. I did not dream that there was any inquiry going on in regard to it before any of the standing committees of this body.

I assert here now, that in the city of Hartford, all the physicians and surgeons living there, all of the eminent members of the legal profession—the whole community in fact—believe that Dr. Horace Wells, deceased, was the real discoverer of this important effect of sulphuric ether, or nitrous oxyd gas, or whatever may be used to produce this effect. I have the most abundant testimony to prove this. I have in my possession sworn depositions; I have certificates of physicians; I have a vast mass of testimony which I can bring before the Senate on this subject. Yet, sir, here has been an *ex parte* hearing without the knowledge of parties interested, and before a committee of the Senate without the subject ever having been referred to them. And now, without the knowledge of Mrs. Wells, without the knowledge of any of her friends, and without any opportunity for her to be heard, it is proposed to take a snap judgment and an *ex parte* judgment upon her.

The honorable Senator from Arkansas says that the fact that Dr. Morton obtained a patent for what is denominated "*letheon*," establishes some right in him, and precludes us from an investigation! Does not my honorable friend know that all these proceedings for patents are *ex parte*? Does he not know that they are not binding on other discoverers? Does he not know that other parties who claim to have made a discovery have a right to contest the validity of the patent, and that the patent passes for nothing if the opposing claim is established? It is true the patent is *prima facie* evidence; but does it establish anything in opposition to parties who had no opportunity to be heard before the Commissioner? It is certainly no more than *prima facie*, and we are at liberty to contest it in the courts of justice. We have a right to go before a jury; we have a right to prove the facts. And I pledge whatever reputation I may have, that if the Senate will allow me, at the next session of Congress, an opportunity to be heard on this subject, I will make out a case for the family of Dr. Horace Wells, deceased. If the subject shall then be referred to the judgment of a committee of this body, I will be prepared to make out a case worthy the most grave and serious consideration.

What an extraordinary course is it that is now being pursued! We have here a man presenting



his petition to the House of Representatives, getting a report in his favor there; and without waiting for that report to be actually presented to the House, coming into the Senate Chamber, unknown to the parties in interest, going before a committee of this body, and there procuring that committee to do—what? Not to bring in a bill, but here, on the very heel of the session, to come in with an amendment to a general appropriation bill. I do not know but that this can be done. I have been in the habit of believing, that if there is any enormity to be perpetrated, if there is any abominable outrage to be accomplished, if ever truth and justice are to be trampled under foot, it is done by way of amendment to some general appropriation bill towards the close of the session. Not that I would intimidate, by any means, that the honorable members of the Committee on Naval Affairs would do anything that was not right and just, in regard to a matter of this sort. But, sir, I say that nothing is more dangerous than these *ex parte* inquiries. The best of men are liable to be imposed upon. I have a very high respect for the honorable members of these committees, but I denounce this attempt to filch money from the Treasury, as an outrage upon the rights of others, and a most abominable imposition on this Government. I believe that this Morton is a rank impostor—that there is no justice or truth in his pretended claim. I demand, in the name of justice and right, to have an opportunity to come before the Senate, and tell the story of the wrongs of the poor widow and defenceless children of Dr. Horace Wells—wrong which they have suffered at the hands of this man Morton, who has attempted to rob their husband and father, who has descended to the grave, of a discovery which is one of the most extraordinary made in modern times. Sir, there is that family now in destitute circumstances, and I assert that the real discoverer is now in his grave. Will the Senate act upon this matter in this *ex parte* manner? Will they proceed to render judgment against the widow and the orphans, without hearing what they have to say for themselves? I shall ask to have an opportunity to be heard in defence of them.

MR. BADGER. I know not, Mr. President, what private griefs the honorable Senator from Connecticut, [Mr. SMITH] has; but certainly something or other seems to have stimulated him into a very undue excitement on this occasion, one not usual upon questions of this kind, and one which certainly that Senator is not in the habit of exhibiting in the Senate. The honorable Senator demands an opportunity of making out a case—for whom? For clients of his. Does he demand that we shall postpone this inquiry, in order that we may have another investigation at the next session? If so, that is one strong reason with me why we should promptly decide it now. I do not want to occupy two months out of three of the ensuing session with the investigation of these contradictory claims, which the honorable Senator desires to set up on this subject.

I shall vote for the amendment which has been recommended by two committees of this body. Of this man, Dr. Morton, I know little. I have seen him in this city, and that is all. About him, as an individual, I care nothing. But I am called upon here to determine whether I will vote for an appropriation to procure the surrender of a patent which he has obtained from the Government of the United States, for the use of what is, beyond all doubt, one of the most valuable bounties that has ever been bestowed upon mankind.

The honorable Senator talks about chloroform; but does he not know, that however valuable chloroform is, as an agent in these cases, it is at the same time, a dangerous one; and many who have gone to sleep with it to be relieved from the pain of an operation to be performed, have waked no more? whereas, I have it from surgeons of the

highest respectability that, with regard to this particular agent, though it has been used in thousands of cases, there is not known an instance in which fatal or dangerous consequences have resulted from its use. That is what I understand. Of course, I cannot speak upon the subject from any knowledge of my own.

Dr. Morton has a patent for this invention. The honorable Senator from Connecticut says the subject-matter of the patent is not patentable. Upon that question I take issue with him; but this is not the place to decide it. The patent has been granted. The subject-matter patented is in daily use, and has been in use for years in the Army and Navy of the United States, to the great advantage of the surgical departments of those corps, and to the benefit and relief of poor sufferers who were compelled to be subject to surgical operations. It is used by the public generally. And now I ask, if it is becoming the Congress of the United States to say to this man, "We have granted you a patent; we use the discovery for which we have granted you that patent; but there are other people in the world who claim that they originally hit upon this idea, and therefore we will not pay you for the use of your invention?" This man has reduced it to practice; he has made it accessible to common and ordinary use.

But, it is said that Dr. Morton has not prosecuted those who have violated his patent. To me, this is no objection. It is no objection in my mind, that he has not discovered himself to be a litigious person, disposed to bring before the law every surgeon of the Army and Navy, and in private practice, who has used it for the relief of suffering humanity. Besides all that, I have practiced law too long not to know, that whoever goes to law, whatever else he may be, is no wise man; and that he who goes there, goes not for his own benefit, but for the benefit of clerks, sheriffs, and lawyers. I think, in that respect, therefore, he has acted as a wise and humane man.

I do not undertake to decide on this question, from information which I have derived from Dr. Morton. I never had any conversation with him upon the subject of the invention; I refused to have any conversation with him. I have refused to read anything which he has written upon the subject, but I rely upon information which I have received from impartial sources, and the unanimous report of the Committee on Military Affairs. Upon that I am willing to vote. We are taking no snap judgment upon any person—the clients of the Senator from Connecticut, or otherwise. We merely propose to purchase for the use of the public service, what we think is a valuable, or rather, I should say, an invaluable remedial agent.

MR. GWIN. Mr. President, as I formerly belonged to the medical profession, I wish to endorse everything that has been said by my friend from Arkansas in regard to this valuable agent. I confess that I came to the examination of this question with extreme reluctance. I had been out of the profession for many years, and I attempted in every way I possibly could to throw it off; but, having been requested by those whom I could not disoblige, to look into it, I must acknowledge that this is one of the most important discoveries that has ever been made in the medical profession; and this gentleman being the patentee, I could look upon it in no other light than that, as we have availed ourselves of his property—for his patent is his property—we should in equity and justice recompense him for it. I came to this conclusion with reluctance; for I was very much disposed, without examination, to go against the claim. But having examined it, I could do nothing less than to add my testimony to that of the Senator from Arkansas, both of us having been in the medical profession.

MR. SMITH. I want to ask a question of my friend from California. I want to know whether



Dr. Jackson or Dr. Wells had any notice of the application for a patent?

MR. GWIN. I do not wish to go into any discussion of the law with regard to patents. My friend from North Carolina and the Senator from Connecticut can discuss it if they choose.

MR. SHIELDS. The honorable Senator from Connecticut took occasion to make some remarks reflecting upon the conduct of the committee of which I have the honor to be chairman.

MR. SMITH. I certainly did not intend anything of that sort.

MR. SHIELDS. That disclaimer is satisfactory to me; but I beg to state how the matter came before the Committee on Military Affairs. The subject was investigated by a Select Committee of the House of Representatives, and I was informed that the claims which the honorable Senator from Connecticut says he represents, were examined before that committee, and that committee has reported: One of my colleagues in the House, [MR. BISSELL,] and a physician by profession—and permit me to say, not only an able physician, but as veracious a gentleman as any in Congress—assured me that after a full and fair inquiry, instituted by him and the residue of the committee, of which the late lamented Mr. Rantoul, who was a highly educated and well informed man, was a member, and after all the claimants had been heard, and after an examination of the evidence, the committee had come to the unanimous conclusion, that Dr. Morton was the discoverer of this great remedial agent. It is a subject which I did not very well understand myself. The Committee on Military Affairs, therefore, committed it to the honorable Senator from Arkansas, who is a physician by profession, and who understands the whole subject. A professional gentleman of the other House, eminent in his profession, and a highly educated man—a man of veracity and honor, assured me that the committee of that body had thus determined, after a full and fair inquiry.

It has been stated that this is one of the greatest discoveries of modern times. I believe it is. Of that, however, I only know this—that if this remedial agent had been known when the honorable Senator from Connecticut says he understood it was, it was unpardonable that its use was not applied to the American army in the late war with Mexico. It was criminal that it was not applied, if it was known, and it was wicked in that gentleman to withhold his information from the country on such an occasion as that; for, sir, I believe it would have saved thousands and thousands of lives.

MR. CLEMENS. No doubt of it.

MR. SHIELDS. Any man who witnessed the scenes which some of us were there called upon to witness, well knows that such an agent would have saved thousands of lives. Sir, thousands of our bravest and best men fell under the pains and afflictions that followed surgical operations. I have seen so much of that, that I was rejoiced to have an opportunity, when I found there was such an agent discovered, to give it my support in any way; and although I was not acquainted with the subject, I was happy to have it in my power to turn it over to the honorable Senator from Arkansas, who was acquainted with it. I venture to say that there is not a professional man in America or in Europe, who will not consider this the most beneficial discovery since the discovery of vaccination.

I cannot tell whether Dr. Morton is the discoverer or not; I know that those who have examined the subject thoroughly say that he is the discoverer. I have seen in addition, for he has shown it to me, the medal of one of the first medical institutions in the world—that of Paris—acknowledging, and in the name of France pronouncing him the discoverer of this agent, and that he had been able—for it was a good fortune on his part—to make a discovery which has been

more beneficial to humanity, than any discovery made in the medical profession since the time of vaccination.

MR. HALE. Mr. President, I am compelled to vote upon this proposition at this time. I must vote in favor of the amendment, notwithstanding the remarks which have been made by the honorable Senator from Connecticut. But I rise to suggest whether a question of this magnitude—one that is to result in the payment of such a large sum of money to the true discoverer, ought not to be postponed until the next session of Congress, in order that we may fully examine the subject?

Several SENATORS. Oh, no!

MR. HALE. I am not anxious or solicitous about it, but it is known that there are other contestants for this discovery. I never heard, until within a very short time, that the individual who was suggested by the honorable Senator from Connecticut was seriously contesting for the honor; but I do know that there was a Dr. Jackson, of Boston, a man of high reputation, who did contest this claim with Dr. Morton.

MR. JONES, of Iowa. Dr. Jackson was heard before the Committee of the House of Representatives, and his case was fully examined.

MR. HALE. I understand that that committee agreed upon a report in favor of Dr. Morton. I have known Dr. Jackson for a long while, and Dr. Morton but a little while; but if I am compelled to vote upon the proposition now, with the evidence before me, I must vote in favor of Dr. Morton as being the individual entitled to the honor of this discovery. But I rose for the purpose of suggesting to those who have charge of this matter, that inasmuch as there are other contestants, it might be fair to postpone the subject until the next session.

MR. SHIELDS. The honorable Senator will permit me to make one suggestion to him. As there may by possibility be another contestant—although I do not think, from what I have seen and heard, that any other has any claim, yet as these discoveries sometimes originate in the same minds about the same time, there may be one—I would suggest that the sum be reduced to \$50,000.

Several SENATORS. Oh, no!

MR. HALE. I am not one of those who object to the proposition on account of the amount of money. If this discovery really belongs to Dr. Morton, it is no more than right that we should pay for it; because, whatever may be the value of the patent right, it is such a discovery that he cannot enforce his patent rights. It seems to me that the Government of the United States, having granted a patent by their own officers, are estopped from denying its validity; and as the Government are making use of it in the Army and Navy so extensively, it seems to me but fair to compensate this gentleman.

I have been through the Massachusetts General Hospital, where this remedial agent was first introduced, and where it was tested. I went through all the wards and rooms of that hospital, and I saw every form of disease and suffering. I went into the dissecting room, and I confess my blood almost ran cold as I looked at the instruments of torture, as they appeared to me, which were about the room; but I was assured by the physicians attending upon that hospital that, by the use of this remedial agent, patients were insensible to the operation of these instruments of torture—that the effect of it was to make them go quietly to sleep; and that the most difficult and dangerous operations were performed there every day, without those on whom they were performed being sensible of them. That great hospital is one of the finest charities on the face of the earth; and by the operation of this agent the most revolting surgical operations are performed every day, while the patients are, as it were, in a deep sleep.

I do not believe there has been a greater con-



tribution made to the cause of humanity anywhere. I do not put this discovery second to vaccination, or anything else; and if the Senate are determined to vote upon it today, I hope they will make this appropriation; and with my present convictions, although I should be glad to postpone the subject until the next session, in order to avoid all danger of injustice, I must vote for this appropriation.

MR. DOUGLAS. I shall occupy but a few moments as to the claim of Dr. Wells. I hold here a paper which has been laid on our tables, and which I understand to be an abstract of testimony taken in the House of Representatives. I find here two letters, which have passed between Dr. Morton and Dr. Wells, putting to rest the claim of Dr. Wells, brought forward by the Senator from Connecticut. When Dr. Morton made his discovery, as he alleges, he wrote to his old friend and partner, Dr. Wells, to this effect:

BOSTON, October 19, 1846.  
FRIEND WELLS—Dear Sir: I write to inform you that I have discovered a preparation, by inhaling which, a person is thrown into sound sleep. The time required to produce sleep is only a few moments, and the time in which persons remain asleep can be regulated at pleasure. While in this state the severest surgical or dental operations may be performed, the patient not experiencing the slightest pain. I have perfected it, and am now about sending out agents to dispose of the right to use it. I will dispose of a right to an individual to use it in his own practice alone, or for a town, county, or State. My object in writing you is to know if you would not like to visit New York and the other cities, and dispose of rights upon shares. I have used the compound in more than one hundred and sixty cases in extracting teeth, and I have been invited to administer to patients in the Massachusetts General Hospital, and have succeeded in every case.

The Professors, Warren and Hayward, have given me written certificates to this effect. I have administered it at the hospital in the presence of the students and physicians—the room for operations being as full as possible. For further particulars I will refer you to extracts from the daily journals of this city, which I forward to you.

Respectfully yours, WILLIAM T. G. MORTON.

Let us see what Dr. Wells said in reply:

HARTFORD, CONNECTICUT, October 20, 1846.

DR. MORTON—Dear Sir: Your letter dated yesterday is just received, and I hasten to answer it, or fear you will adopt a method in disposing of your rights, which will defeat your object. Before you make any arrangements whatever, I wish to see you. I think I will be in Boston the first of next week—probably Monday night. If the operation of administering the gas is not attended with too much trouble, it will produce the effect you state, it will, undoubtedly, be a fortune to you, provided it is rightly managed. Yours, in haste, H. WELLS.

Now, upon the face of these two documents, I do not understand exactly how it is broadly asserted here that Dr. Wells is the inventor or discoverer of this remedial agent.

MR. SMITH. I know nothing about this paper. It was produced, it seems, before the committee of the House, and we do not know whether it is an authentic paper or not—whether it is a genuine letter or one that has been fabricated. I want to scrutinize the letter. I want to see how the signature looks.

MR. MALLORY. The Senator from Connecticut will allow me to put him right on that subject. The original letters can be produced to him in five minutes, if he desires to see them. It is understood that they are now in the hands of the committee of the House of Representatives, who examined this whole question.

MR. SMITH. I want all the papers before the committee of the House, and then I shall have Dr. Wells's case here.

MR. DOUGLAS. I shall not enter into this controversy, or allow my feelings to be excited at all. I thought it my duty to call the attention of the Senate to that testimony, because I saw that an impression was about to be produced on the minds of the Senate which seemed to be contradicted by the testimony in the case. I know nothing of Dr. Morton. I believe I have seen him once or twice this winter, and that is all I know of him. I confess that before I examined the matter my prejudices were against his claim, until my colleague in the other House, [MR. BISSELL,] who

is a regularly-educated physician, a man of great intelligence, and has had practice as a physician, took it up, and as chairman of that Select Committee gave it a thorough investigation. This report produced entire conviction upon my mind that Dr. Morton was entitled to the credit of this discovery.

I do not mean, nor does that report mean, that he discovered sulphuric ether, or that he was the first man that ever administered sulphuric ether, but simply that he discovered the application of sulphuric ether with reference to destroying pain in surgical operations, and that he discovered it to a degree and extent in which it had not before been administered, and in which it was supposed, was not safe to administer it. He risked his own life by experiments upon his own person; and then he administered it to other persons and ran the risk of a prosecution for malpractice in the event that it should fail. I became satisfied from the testimony that he alone made the experiments, and he alone introduced it to the public; that he introduced it first into the general hospital of Massachusetts, and from there to the world; that he took the entire, sole, and exclusive responsibility of the use and introduction of this agent, until its entire success had been established.

I also find from the report, that while these experiments were going on—while it was doubtful whether they would prove successful—Dr. Jackson was ridiculing and denouncing Dr. Morton as a reckless man, who was hazarding the life of his patients by administering this agent to them, and that he never set up his claim, although experiments were being made in the immediate vicinity of his own house, until after those experiments had proven successful, and the judgment of the world was about to be pronounced in favor of Dr. Morton, and of this invention that had been made by him.

I find this in the report of the committee of the House of Representatives, and I understand that both parties were represented before that committee. Taking, then, the report of that committee, before whom both parties were represented in person, and by their counsel, where testimony was adduced, and taking that report in connection with the judgment of the general hospital of Massachusetts, where the first experiments were made, and taking all the testimony together, I cannot doubt that the credit is solely due to Dr. Morton.

In regard to Dr. Morton's previous standing, I have but little to say. It is true, I suppose, that he is not a man of that scientific attainment that could be justly claimed for Dr. Jackson; but it is also true, that the greatest discoveries and inventions have not been made by men of science. Even the very greatest discoveries have been made by plain men, whose position in society before was of the humblest order; and the mere fact that one is a man of science, and the other is not, is not evidence to repel the discovery from being made by the humble man. I understand that Dr. Morton was a dentist, and Dr. Jackson was an eminent physician and man of science; but I do not see one iota of testimony to show that Dr. Jackson had anything to do with this discovery. On the contrary, his denunciation of Dr. Morton, while the latter was making experiments, is conclusive against him. If you strip Dr. Jackson of the one fact of his having a high reputation as a man of science, there is no more to connect him with this discovery, so far as I have been able to ascertain, than any other man in America. He relies wholly upon his reputation as a man of science.

MR. DAWSON. I wish to state to the honorable Senator that there never has been any report made in the House of Representatives on this subject. The report which has been published is outside of the House. It has not yet been made to the House, unless it has been today. I believe the committee stood four to one, and not unanimous, as my friend from Illinois says. The mi-



nority of the committee has not yet had a chance to report. There are three claimants to this discovery, and the whole of the facts are not yet known to the House of Representatives.

Mr. DOUGLAS. I have but one word to say about that. I am informed that the report has been formally made today. The facts, as I understand, are these: That committee sat very long. Witnesses have been called before them. Both parties have been represented. The committee have given it a full, fair, and even a tedious examination, and have arrived at a conclusion in favor of Dr. Morton; but under the rules of the House, committees have not been called for reports for a long while, and the report which the committee had agreed upon has been published in advance of its being formally presented; but I have been informed that today reports have been formally made. But this is a matter of form. It does not reach the question or invalidate the testimony before that committee. I am speaking of the testimony, as laid before the world under such circumstances as justify us in the belief that it is reliable testimony. But I will not occupy time in discussion. I deemed this much due to the occasion.

Mr. BRADBURY. I shall occupy the attention of the Senate but a few moments. I can assure the Senate that I would not say a word were it not that I believe, by adopting the amendment, we should do injustice to other persons.

At the close of the session, we are called upon suddenly to determine a scientific question—to decide upon the merits of a great discovery in an appropriation bill; and an amendment has been brought in by a committee who, if I understand the facts, have not had the subject referred to them. I would like to inquire of the chairman of the Committee on Military Affairs if the subject was ever committed to that committee by the Senate? What a spectacle, then, do we present? Without any notice, so far as honorable Senators are concerned, that the subject was to come up here—without anything being done to give the committee jurisdiction of the subject, they make a report. In answer to that report, it is sufficient to say, that there was nothing to give notice to others that they were to make it. Now, I ask, are we in a condition to determine this question? Are we a suitable body to decide it? Believing that there is merit in the discovery, and that it will be proper to reward some one, I would be willing to institute a tribunal, and let that tribunal notify the claimants, Dr. Morton, Dr. Jackson, and the friends of Dr. Wells—let that tribunal hear testimony, and make their award. And I suggest whether it would not be satisfactory to the friends of Dr. Morton to authorize the President to appoint some two or three distinguished scientific men, who should be disinterested, and who should hear the parties, and determine the merits of their respective claims. I do not know enough about this matter to determine either for or against Dr. Morton. I should certainly be very reluctant to do him any wrong; and if he can establish the facts which he claims, there is a better tribunal than a committee of Congress which we can provide. We know that when we undertake to investigate matters here, the investigation is necessarily imperfect, and especially when we are left to decide upon *ex parte* testimony, and evidence that is necessarily unsatisfactory.

Now, with regard to such a great question as this, involving not simply dollars and cents, but in which the character and reputation of individuals are at stake, we should be careful to make a correct and accurate investigation.

It is said that Dr. Morton has an assignment of the interest of Dr. Jackson. Will the Senate, in determining this case, regard Dr. Jackson as precluded, because he, in consideration of "one dollar to" him "in hand paid," transferred his interest in the patent to Dr. Morton? Why, if that

was to be regarded, it would assuredly be evidence that he did not expect that Dr. Morton was to obtain national honors and national rewards, but that he preferred that it should go free to the world.

I am not prepared to decide this question, and one reason is, because I find a document which has been placed upon my table, signed by between one and two hundred of the most distinguished physicians in Boston, and its immediate vicinity, in the vicinity of both claimants, who give it as their opinion that Dr. Jackson is entitled to the credit of the discovery. I know not whether they are right or wrong; but I know many of these gentlemen to be men eminent for their standing and eminent for their skill in their profession, and they certainly have had a better opportunity of determining this question than we have. They have determined in favor of Dr. Jackson.

If a proposition were now presented to reward Dr. Jackson, I should vote against it, as I shall against the proposition to reward Dr. Morton; because I believe we are not now competent to decide the question, and that we can provide a better tribunal, and that we should be doing great wrong to attempt to decide this question at this period, in such haste as we must decide it, if we decide it at all. If we were to undertake to give a snap judgment now, would it be regarded, in the judgment of the world, as carrying that sanction which a deliberate vote in the Senate ought to carry with it? If it is known that the subject was introduced here on *ex parte* evidence, so far as the committee of the Senate are concerned, and that we arrived at our decision in haste, at the close of a session, on an appropriation bill, would it be regarded as of much weight? Why, Dr. Morton, if he has the proof, which his friends believe he has, to substantiate his claim, ought not to desire our decision now; because, under these circumstances, it would not carry that weight which a decision in favor of the true discoverer should carry. Nothing can be lost by delaying this matter; or if the friends of Dr. Morton prefer, I would suggest that we appropriate this sum, and authorize the President to appoint three distinguished scientific men from civil life, who shall notify the respective claimants, hear them, and decide upon the merits of their claims. If the friends of Dr. Morton feel confidence, would that not be a mode in which they could be sure of a decision in their favor? And if they refuse, what other judgment can we form than that they are disinclined to stand up to the test which such a tribunal would afford? A Senator near me says, it would postpone the matter. We need not postpone it. We can make the appropriation, and we can authorize the President to appoint the board; and let that board determine, and upon their decision, let the money be paid; so that it is not a postponement. I present this as a test, whether the friends of the amendment are willing to have the claim submitted to the scrutiny which such a board would give.

Mr. WALKER. Mr. President, I will ask the attention of the Senate for a very few moments. I profess to be one who has looked into this matter from its foundation to its capstone. I have read everything that has been printed; everything that is extant on the part of both parties; and I believe everything which they have in manuscript; but before I proceed to that, I wish to make a few observations in reply to the concluding remarks of the Senator from Maine, [Mr. BRADBURY.]

The Senator from Maine proposes that we shall postpone this matter; that we shall suffer a commission to be instituted to decide between these claims, and that thereby we shall avoid taking the friends of the other claimants by surprise—thereby avoid taking a snap judgment upon them. If the world has not had time enough to bestow its attention on this matter, pray, how long will it require to do it? This discovery was demonstrat-



ed to mankind on the 30th of September, 1846. It is now almost that same month in 1852. It is almost six years since it was first demonstrated. Has anybody been taken by snap judgment? Let us look at what has been done.

After Dr. Morton had administered this anaesthetic agent in his dental establishment, he immediately resorted to the Massachusetts General Hospital. He got the consent of such men as Dr. Warren, Dr. Hayward, and Dr. Bigelow, that he might there administer it in a capital operation. That operation was performed on the 16th of Oct., 1846. Again he performed an operation on the 17th of October, and so he continued down to the 2d January, 1847, when these surgeons say was the first they ever heard of the claim of Dr. Jackson. The most distinguished medical men in America swear and certify to this. But this is not all. This matter underwent a serious and candid investigation before the medical men, the surgeons, and trustees of that institution, and they came solemnly to the conclusion, first, that Dr. Jackson had never made any discovery in regard to ether which had not been known long before. Second, that Dr. Morton did, in 1846, manifest, and make plain, and publish to the world, that sulphuric ether, administered in proper quantities and in a proper manner, would produce entire insensibility to any operation. They also decided most solemnly against the claims of Dr. Wells. Not only is that so, but we have here under the hand of Dr. Wells, an acknowledgment that the discovery was Dr. Morton's. Dr. Wells not merely acknowledged it to be Dr. Morton's discovery, but gave him advice about it, and said it would be a fortune to him if he managed it rightly.

Did the General Hospital of Massachusetts stop there? No, sir. Dr. Jackson came forward before those great men, and expressed his dissatisfaction at the decision which they had made. He prayed that they might review their decision, and at his request they did review it, one year afterwards, and came solemnly again to the decision to which they had previously come. This was in Boston, where the parties lived. This decision was arrived at by the most scientific men of the continent of America, if not of the world. They reviewed their decision; had the claims again laid before them, and came again, solemnly, to the same conclusion.

In the meantime, however, and while Dr. Jackson was denouncing Dr. Morton as a "reckless" man, as one who had made no discovery whatever, and who would kill somebody if he did not stop his experiments, wrote a letter to M. Elie de Beaumont, of the Academy of Arts and Sciences of Paris. That letter was sent under secret seal, and it was dated November 13, 1846, just at the very time when he was denouncing Dr. Morton as a reckless wretch who would kill somebody. He sent that letter, with a request that it should not be opened until he gave further information in regard to it. The investigation went on before these daring men of the Massachusetts General Hospital, and by Dr. Morton, no less daring, until the 2d of November, 1846; and in this country, Dr. Jackson was never heard of as claiming the discovery before that time. In December, 1846, he wrote another letter requesting M. De Beaumont to open the sealed package. He opened it and read it, and, on the spur of the occasion, M. Velpeau answered it with a sneer, and said:

"The secret contained in the note which has been read is no longer a secret; the medical journals published in America and England have divulged it in the months of November and December. A letter from Dr. Warren, of Boston, communicated the information to me more than one month ago; and Dr. Willis Fisher, of the same city, proposed that I should try its effects at La Charité towards the middle of last December.

That letter of Dr. Jackson's was thus answered by a no less distinguished man than M. Velpeau, before the Academy of Arts and Sciences in Paris.

But this secret letter had a fatal effect—an effect which I am sure the Academy of Arts and Sciences never ceased to regret. What did it do? It procured, upon the excitement of the moment, a decision of the Academy of Arts and Sciences of France, awarding to Dr. Jackson twenty-five hundred francs, being one of the Monthyon prizes of that institution, and he received the money. But when the good Dr. Warren, and Dr. Hayward, and Dr. Bigelow, and others of the Massachusetts General Hospital, who knew all about it, placed this persecuted man, Dr. Morton, before the world, and established his claim, what did the Academy of Arts and Sciences do? We know it is the nature of that institution never to take back anything which it does. It will not acknowledge fallibility; but it went to the extent to which it could go. It awarded to Dr. Morton another prize of the Monthyon foundation, of twenty-five hundred francs—as what? Just for what Fulton was, just for what Jenner, the discover of vaccination, was, and for what all other men are, who come before the world making discoveries. The Academy of Arts and Sciences gave him this Monthyon prize, for being the man who had discovered, and made beneficial to the world, the use of sulphuric ether as an anaesthetic agent.

Notwithstanding that Dr. Morton had to fight the medical and literary magazines of the country—notwithstanding he had to fight Dr. Jackson, and almost everybody else—for nearly all the surgeons in the country, except those in the Massachusetts General Hospital, frowned upon him—notwithstanding all this reduced him to poverty; yet, like a noble man, as he is, he declined to receive the two thousand five hundred francs in money. Still, so anxious was the Academy of Arts and Sciences to place in his hands evidences of their exalted recognition of his rights, that they directed a certain portion of the fund to be paid in the shape of their largest gold medal. That did not exhaust the entire fund, and the friends of Dr. Morton in France took the balance of it, and used it in inclosing the medal in a beautiful gold frame, so that it altogether now presents the beautiful thing which I hold in my hand, [exhibiting it to the Senate.] Dr. Morton would not receive the money, but he received that which he could treasure in his heart, and could look upon as an evidence of the appreciation of his exertions by this noble Academy of Arts and Sciences of Paris. It is a noble appreciation of him who gave this invaluable discovery to the world. It shows whom they considered as the real discoverer.

When you come to look at the testimony on which the claim of Dr. Jackson is based; when you come to inquire really what it is, it would seem most astounding that any one in the world should come forward with such a claim. What was it? At first he claimed nothing more than that he had told Dr. Morton that ether could be taken safely into the lungs. Anybody in the world could have told him that. This substance had been known since the thirteenth century. Its formation was accurately described by Valerius Cordus, in the sixteenth century. Frobenius first designated it ether, and published an account of it in the philosophical transactions in 1730. Its use as a medical agent, first alluded to by Valerius Cordus, and mentioned by Hoffman, Cullen, Alston, Lewis, and Monroe, and other writers of the last century, has long been familiarly known. The history of its use by inhalation, commenced with the pamphlet published in 1795, by Richard Pearson; and several communications from the same Dr. Pearson are to be found in the work of Dr. Beddoes on Pectious Airs, published at Bristol, England, in 1796. The same work contains a letter from one of Dr. Thornton's patients, giving an account of his use of ether, by Dr. Thornton's advice, in a case of pectorial catarrh. He says, "it gave almost immediate relief both to the oppression and pain in the chest." On the second trial, he inhaled two spoonfuls, with "immediate relief, as before, and I very soon after fell asleep." In 1815, Nysten, in the Directory of Medical Sciences, speaks of the inhalation of ether as familiarly known for mitigating pains in colic. For the last fifty years, most therapeutic authors mention its use by inhalation in asthma, &c., as Dr. Duncan, Murray, Brande, Christies, Pereira, Thompson, Barbier, Wendt, Vogt, Sundelin, &c. Effects analogous to intoxication, when ether is inhaled, are stated by American authors, as Godman, (1822,) Mitchell, (1832,) Professor Samuel Jackson, (1833,) Wood & Bache, (1834,) Miller, (1846, and early in that year.)



Dr. John C. Warren, in his work on Etherization, says: "The general properties of ether have been known for more than a century, and the effect of its inhalation, in producing exhilaration and insensibility, has been understood for many years, not only by the scientific, but by young men in colleges and schools, and in the shop of the apothecary, who have frequently employed it for these purposes."

From the days of Hippocrates down, there has been an effort to obtain an anæsthetic agent—something to lull the patient in surgical operations. But until Dr. Morton, with what physicians termed a daring spirit, came forward and demonstrated it to the world, the right agent had never been found. There is among this testimony, the certificate of the person on whom the agent was first employed. Dr. Morton first used it on teeth, and then, they followed him to Dr. Warren, and got him to consent to perform a surgical operation upon a patient, rendered insensible by this agent, which he did perform on the 16th of October 1846. Dr. Morton repeated his experiments in surgical operations at the hospital, on the 17th of October, and continually from that day down to the 2d of January 1847, when Dr. Jackson first made known that he ever had any claim.

The trustees of the general hospital of Massachusetts, as a testimonial of the services of Dr. Morton, raised a fund of \$1000; but knowing his sensitiveness on the subject, and in order to make the compliment more acceptable to him, that there might remain something connected with it as an enduring monument of their gratitude, they enclosed the amount in a silver casket, containing an engraving manifesting their fourth decision, as you may say, in his favor.

Again, as another testimonial, I may state that the subject was brought up in the Thirtieth Congress, before a select committee of the House of Representatives, and with all the testimony before them, they decided that Dr. Morton was the discoverer. Here, again, in this Congress, after another review of all the testimony, Dr. Morton appearing before them in person, and Dr. Jackson, both in person and by counsel, a select committee of the House of Representatives has decided Dr. Morton to be the discoverer.

All that there is now to answer against his claim, is the remonstrance to which the Senator from Maine has alluded; and what is that remonstrance? It is a remonstrance said to be signed by one hundred and forty-four physicians. The register of physicians of Massachusetts, shows that there are about fifteen hundred in that State. Not one of these remonstrators was in the general hospital of Massachusetts at the time this discovery was brought out; but on the contrary, a great many of them are dentists, who were personal enemies and personal rivals of Dr. Morton, and they are to this day his personal rivals. At the time he was risking his life to bring out this discovery, they were denouncing him, and endeavoring to put him down. They were seeking up prosecution against him, to drive him, if possible, from respectable society. Yet these are the men who come forward and remonstrate! But, is it true, as the remonstrance states, that it is from "Boston and its vicinity"? I have here the State record of Massachusetts, and I find that the names on that remonstrance are scattered all over the State. There are three hundred medical men in Boston alone, and here are one hundred and forty-four remonstrants from the whole State of Massachusetts, and these are Dr. Morton's rivals—men who had first given him notes, and then refuse to pay them, and became his enemies, and tried to make out that he had made no discovery! The remonstrance is dated in February last, and they have been ransacking the State of Massachusetts from that time to this, to get up a list of names and discover the facts, but simply give their "belief." Why not go to Dr. Warren, Dr. Hayward, or Dr. Bigelow? Why not go to the various men who cut off legs and arms, and extirpated tumors, and performed the most dreadful surgical operations with the aid of this agent, when Dr. Morton was making his first experiments? Why did not Dr. Jackson do that? Why did he not bring the names of some surgeons to certify that he discovered this? He could not do it.

We have two reports of the hospital of Massachusetts: we have the prize awarded by the Academy of Arts and Sciences of Paris; we have the award of a casket and \$1000 by the trustees of the Massachusetts hospital; we have the reports of two select committees of the House of Representatives; we have the concurrent voice of two committees—the Committee on Military Affairs and the Committee on Naval Affairs—of this body; and there is nothing to answer it but this simple remonstrance of which we have heard today. We have nothing in an authentic shape to controvert all these testimonials. Most of these remonstrators do not stay here about to reveal and uncover the facts, but simply give their "belief." Why not go to Dr. Warren, Dr. Hayward, or Dr. Bigelow? Why not go to the various men who cut off legs and arms, and extirpated tumors, and performed the most dreadful surgical operations with the aid of this agent, when Dr. Morton was making his first experiments? Why did not Dr. Jackson do that? Why did he not bring the names of some surgeons to certify that he discovered this? He could not do it.

These awards to Dr. Morton, the concurrent testimony of all these individuals, speak a voice in America and Europe, and now it is even heard in Asia. But why do you run up a controversy here about the award of this remedial agent? I have in my possession the original patent, in which it is expressly recited that Dr. Jackson has assigned all his interest in the matter. How did he get any interest? It was through the mistake of the lawyer who was employed in regard to obtaining a patent. Dr. Jackson went to him, and finding him employed in endeavoring to obtain a patent, observed that he had something to do with that matter. The lawyer asked him what he had to do with it. "Why, I told Dr. Morton that ether could be administered with safety." Everybody knew that before. But did he know that pain could be destroyed under its administration? No, sir. He does not attempt to prove it. But let anybody read the re-

view by both select committees of the House of Representatives, of the testimony by which he undertakes to prove it; and if they could ever thereafter believe his witnesses, it is more than I could do. There is not one particle of testimony given, to prove that Dr. Jackson ever said or ever supposed that ether could be so administered as to annihilate pain. All that Dr. Morton wanted to know, in order to be sure, was, that he was not running the risk of murder. Dr. Jackson said it could be administered with safety. He told the patent lawyer that he had something to do with it—that he had given this information to Dr. Morton; and then that lawyer, Mr. Eddy, through a mistake, not knowing the facts, proposed that Dr. Jackson should have some remuneration. What do you think Dr. Jackson was content with, in the first instance? Did he claim any part of this discovery? The suggestion of a friend, I will give way to the Senator from Louisiana for an explanation.

MR. SOULE. Mr. President, the amendment proposed by the honorable Senator from Arkansas, [Mr. BORDLAND,] meets with my hearty concurrence, and has the sanction of my judgment. I will most cheerfully give it my support. But I must express my surprise and concern at the course of the debate it has given rise to. I dissent, emphatically, from the opinion which honorable Senators have expressed, of the character of the connection in which Dr. Jackson stands to the discovery sought to be so liberally noted and rewarded through the amendment on your table. I am free to acknowledge, in advance, and gratefully, that for the longest share in bringing that discovery to practical results, and in endowing the world with the secret of the wonderful power which the inhalation of ether had to abstract sensibility from the patient, in those cases where the acuteness and intensity of their sensibility rendered the skill of the physician timid, and at times utterly powerless, belongs to Dr. Morton. For this, I am willing that he be made the recipient of the bounty provided for in the amendment. But while I am thus favorably disposed towards Dr. Morton for his agency in introducing that great principle into practice, and constituting it one of the main levers of all essential surgical labors, I cannot disown the claims of science, disregard its titles to the initiatory exertions which brought it out, and ascribe the whole to reprobation. The name of Dr. Jackson will forever remain associated with this discovery. It is too strikingly salient, in the very testimonials adduced by the friends of the measure, to be thus blotted out of the record which attests its relations to the workings that preceded and prepared the transformation of the theoretical appreciation into an efficient formula; and fearing that an unqualified vote on the amendment before me might do his claims injustice, I could do no less than to rise and to enter my protest against his being prejudiced by any action of ours, in any right he may have to become a participant in the generousities of this Government. Sir, the benefits which this invention has conferred on suffering humanity, are ample enough to justify a bestowal of our favor upon all those who may have been instrumental in bringing it about. The connection of Dr. Jackson with the discovery needs no better proof than the very letter of the patent under which the claims of Dr. Morton to this bounty are pressed. Dr. Morton certainly cannot impeach this evidence; and if it means anything, it establishes beyond doubt, in Dr. Jackson, not only an interest, but in some sort, a preëminence of interest in the thing discovered. For the question I take it, is not in whom resides the proprietary right to the patent, but to whom belongs the merit of the invention. The appropriation provided for in the amendment, if I understand it right, is not meant as the purchase price of the patent, but as an encouragement to reward the man who rendered the discoverer in grateful acknowledgment of the boon he has conferred on humanity; and, sir, while we thus sanction, with the seal of our commendations and liberality, the merits of this heavenly invention, let us be mindful that we do no injustice to any one who may have participated in it. Sir, the claimants have chosen to lay their respective pretensions before the best, and certainly the highest forum in which they could be investigated and adjudged. They have plead their cause before the French Academy of Arts and Sciences, than which no other body of men is more qualified to pronounce on such a contest. They have had a trial, and a verdict has been returned, and they should not be permitted to question either the authority of the tribunal, or the reasonableness of the award, particularly as they both claim under them. Here the report made by that illustrious scientific body through one of its most renowned members, Mr. Bovie, speaking as the organ of the commission appointed to investigate the rights of the parties, and to decide between them: "A prize of 300 francs is allowed to Dr. Jackson for his observations and experiments on the anæsthetic effects produced by the inhalation of ether."

"And a prize of the same value is allowed to Dr. Morton, for having introduced it as a system in surgical practice, upon the indications of Dr. Jackson."

In this case two distinct things are to be noted, born of each other, one of which belongs to Dr. Jackson, and the other to Dr. Morton. Dr. Jackson has discovered that individuals who, for a time, had been subjected to the action of ethereal vapors, were momentarily deprived of all sensibility. There is the physiological fact, as verified by Dr. Jackson himself. After this, Dr. Morton succeeded several times in extracting teeth from persons previously subjected to the inhalation of ether." \* \* \* \* "Mr. Jackson and Mr. Morton were necessary to each other. Without the insistency, the prepossession, the courage, not to say the audacity of the latter, Dr. Jackson's observation might have remained long unapplied; and without the facts observed by Dr. Morton, Dr. Jackson's idea might have been sterile and ineffectual."



Such is the enlightened judgment which the ablest body of scientific men now living has passed upon the respective claims of these two individuals. If I had any right to venture an advice in so grave a matter, I would respectfully suggest that we do not so impart our favors and bounties upon the claimant before us, as to shut our door on those who may have as good a right as he to partake in them. After these hasty remarks, and under the reservations which I have expressed, I shall give my vote in favor of the amendment.

MR. WALKER. The Senator from Louisiana has given a most impartial statement in regard to this matter, one such as might be expected from that Senator, in taking an upright and just view. Upon the subject of that report which he has read, I have this to say: that Dr. Morton denies that he ever knew that the Academy of Arts and Sciences held the matter under examination at all, when they made their first report; and this was the reason why he refused the specific award of money. But this does not appear from the book which the honorable Senator has read; and therefore he has stated the facts as he understands them.

Before the explanation of the Senator from Louisiana, I was about to ask the question: What was it supposed that Dr. Jackson asked for his interest in this matter in the first instance? He first made the suggestion to Mr. Eddy. Mr. Eddy thought that Dr. Morton ought to make some credit, or do something; and all Dr. Jackson then asked was \$500 for medical advice; and, according to his own language, he went home and charged Dr. Morton upon his bond \$500 for medical advice; and Dr. Morton executed a bond to pay Dr. Jackson \$500, provided 10 per cent. upon the patent would make that sum. He subsequently claimed ten per cent. upon the patent; and then claimed twenty-five per cent.; and ultimately claimed that he was the real discoverer of the whole. But, however that may be, whatever straits Dr. Morton may have been in, I say, here is the patent in the name of Dr. Morton, and in it Dr. Jackson surrenders any title he could by possibility have. But, whatever Dr. Jackson may be able to show hereafter that he is entitled to, I shall be willing to grant to him.

I must make this further remark: Dr. Morton has been pursued in every step he has taken in this matter. It is in evidence before the committee of the House of Representatives, and they have reported the fact, that there were raised in England at one time by subscription £10,000, for the discoverer of the anæsthetic properties of ether, and the payment of it to Dr. Morton was prevented by the agitation raised by Dr. Jackson. Dr. Morton has been pursued by people hunting on his track. They are still following him. Here they are, now, pursuing him through the mouth of the Senator from Connecticut. But I do not blame him for making any representations he may see proper in regard to Dr. Wells; but I say that the original claim of Dr. Wells is altogether refuted by his own evidence, and by the evidence of Dr. Morton.

Then, taking all these public monuments, as you may call them, as evidence of the right of Dr. Morton running from 1846 to 1852, how can it be possibly said that we are taking a snap judgment on anybody? It cannot be truly said. This subject has been long considered, and the judgment of the world has been in favor of Dr. Morton's rights. But here is the patent, and here he is the assignee of any rights that Dr. Jackson may have had.

A proposition now comes up from the Committee on Military Affairs to procure a surrender of that patent; and for what reason is that opposed? Why, that by paying this, we may do something wrong to some other individual. So, the patent has been granted at the Patent Office. That is a tribunal established by the Constitution and the laws to decide to whom a patent is due. That institution did decide the patent to be due to Dr. Morton, and it was issued to him, and any rights which Dr. Jackson had in it are recited in the patent as being assigned to Dr. Morton. Then he (Dr. Jackson) can have no claims. But it is not pretended that Dr. Jackson or Dr. Wells have got a patent. It is known that they did not get any. Dr. Morton has the patent, and this appropriation is proposed for the purpose of obtaining the surrender of that patent.

MR. MANGUM. Mr. President, I have perhaps been more happy this evening than you have been. The Army appropriation bill was taken up this morning, and I went home to get my dinner, knowing that the Senate would be amused and interested in the matter. I have a beautiful, brilliant and magnificent dialectical exhibition. It happened to come in just at the moment when it was in its full glow and brightness and beauty. I do not know what subject is before the Senate; nor, from what I have heard, do I deem it material to know. [Laughter.] I think I can speak just as well upon it, as most gentlemen without knowing anything about it. But this I will say. I am utterly opposed to anything and everything which has not been regularly considered by the appropriate committee.

MR. BORLAND. The Senator will permit me to say that this is not only recommended by one of the regular committees of this body, but by two of them, and by two of the Departments of the Government besides.

MR. MANGUM. As to the Government, I do not believe much in that, [laughter]; but as to the committee, I suppose they are about right, particularly since they have been appointed by the Presiding Officer of the body. As I said, I think from what I have heard here, that I can speak just as well on the subject, without knowing anything about it, as most gentlemen. If this matter has come up as an amendment, without being recommended by the appropriate committee, it would be better at this period of the session not to entertain it. I suppose

three or four hours longer would give a full opportunity for gentlemen to give a brilliant and magnificent exhibition of their dialectical qualities; but they must remember that our session is to terminate soon. I hope we will put aside all things that are not regularly in the bill. The public business ought to be done, and done promptly. I must however do the members of this body the credit to say that their speaking power is beyond the physical power of all the giants of all ages of the world. For myself, I speak less than any man in this body, who pretends to speak at all. I have occupied less than four hours during this session; and yet, under ordinary circumstances, I would say a few words. But we have General Scott to get, and I think these questions had all better be postponed till after a recess period. I am against these propositions, unless they are part of the original bill. I wish to know of the Chair, if the proposition pending is a part of the bill?

THE PRESIDENT. The amendment pending is one recommended by the Committee on Military Affairs.

MR. MANGUM. I think that at this time we ought not to take up these extraneous matters. We have a great deal to do this fall, and we had better go home and do it. This mode of doing business reminds me of a story I heard of a tigress that crouched by the side of a little path leading to a spring, and when persons went to the spring to get water, the tigress would pounce upon them. This is the way that these subjects are brought upon us at the close of the session. When we imagine that we are all safe, something is pounced upon us which leads to several hours of discussion.

Sir, I go for those things which come through the regular way, and I deeply suspect everything that comes in indirectly. I have been here a long while. I have seen upon the last nights of every session more enormities committed upon the public interests than during the first four or five, or six months of a session. I am against it as an old man, and I never tolerated it when I was a young man. I do not want to stop gentlemen's dialectical exhibitions. I hope they will be brilliant and beautiful in tone, and this brilliancy and beauty will make up for a deficiency in the solidity of matter. But I hope gentlemen will allow us to come to a vote, and get through with this bill.

MR. TOUCHEY. Mr. President, there is a petition in behalf of the widow and children of Dr. Horace Wells, now deceased, claiming him to be the author of this discovery. That petition is in the hands of my colleague to be presented to this body. It claims for Dr. Wells the whole merit of the discovery, and his widow and children consider themselves entitled to the benefit of any bounty which Congress may see fit to bestow. While the Army appropriation bill is under consideration, without a hearing without an opportunity of being heard—an attempt is made to forestall that question, and to decide by granting this money to Dr. Morton. If the widow and children of Dr. Wells can have an opportunity to lay the evidence in their possession before a committee of this body, it will prove that in the year 1844, this discovery was made by Dr. Wells, of the city of Hartford, and practiced extensively by him, and by the physicians of my State. I myself have seen the testimony of most of the respectable physicians and surgeons of the city of Hartford, setting forth that fact, and the testimony of a thousand witnesses, proving that this discovery was then made, and was communicated to a medical journal. Dr. Morton was a pupil of Dr. Wells, and afterwards a partner of Dr. Wells, as a dentist in the year 1844, Dr. Wells made this discovery. The discovery is that by the application of a class of agents, insensibility to pain under surgical operations may be induced. That class of agents is somewhat numerous. One is the nitrous oxyd gas; another is rectified sulphuric ether; and there are others that have been resorted to. But the discovery is of the effect that, by the application of any one of these agents, insensibility to pain under surgical operations may be superinduced. I say, sir, that it can be proved—I know it can be proved by incontestible evidence, for I reside in that vicinity—by testimony that cannot be resisted, that this discovery was made, and was well known and was introduced into practice not only with the nitrous oxyd gas, but with the sulphuric ether, and it was carried to the extent of amputating a limb, as well as performing other surgical operations.

MR. BROOKE. I wish to ask the Senator from Connecticut a question. If this matter was discovered by Dr. Wells, why was it that he wrote the letter to Dr. Morton, which has been read by the honorable Senator from Illinois, [MR. DOUGLAS?]

MR. TOUCHEY. I will answer that question. Dr. Morton and Dr. Jackson, two gentlemen of Boston, combined together, after the discoverer had been there, and had disclosed it to them, and came to the Patent Office, and took their oaths, by which they swore that they themselves were the joint discoverers of a certain compound, if I may use the term, which they called "æthereon," which would produce this effect, and it was in respect to that that the letter was written. But I would ask the honorable Senator whether he is disposed to try the question, and pass upon it on one little particle of evidence on one side, without listening to the proof of the other party? I say here, that this discovery was made by medical men, physicians and surgeons—in the city where I reside, and where Dr. Wells resided, that he was the discoverer of this effect, and reduced it to practice. After he had made the discovery, he went to Boston, and completed it there; and in addition to that, the result of the discovery was communicated to a medical journal, in Boston, in the year 1845, and there it is now. Probably Dr. Jackson and Dr. Morton derived their in-



formation from that medical journal. Dr. Morton was the pupil of Dr. Wells, and came to the house of his former partner. He was there present while Dr. Wells was reducing to practice this great discovery of modern times.

I do not, here in my place, and upon my responsibility as a member of this body, undertake to present to the Senate the merits of this controversy between these three men; but I come here and ask that a citizen of this country—that the widow and children of a citizen of this country—may have an opportunity to be heard before the money is paid which is proposed to be paid by the Government for this great discovery. To show that this claim is entitled to consideration, I will state the fact, that the Legislature of the State of Connecticut, years ago, took this subject into consideration, and adopted a joint resolution, awarding the honor of this discovery to Dr. Wells; and I will state further, that after obtaining testimony Dr. Wells resorted to Paris, and presented to the Institute of France the evidence that he had made this discovery. I believe that they have awarded to him the honor of it, but I will not state that as a fact positively of my knowledge. I have, however, been so informed, and I believe it to be true.

What I would submit to the Senate is this: If this Government is about to appropriate \$100,000 to the person who is entitled to the merit of this great discovery—I mean the application of a class of agents to produce insensibility to pain under surgical operations—let the parties have an opportunity to be heard; and when the petition of Mrs. Wells is presented to this body, let it go to the committee, and let the parties be heard. But here the subject is brought up upon the military bill, and before the committee of the other House has reported upon the subject.

MR. BROOKE. I wish to ask the Senator if he is aware that the claim of Dr. Wells, and the evidence supporting his claim, was laid before the committee of the other House, and fully examined before they made this report.

MR. TOUCEY. I think it is not so.

MR. BROOKE. I assert it to be the fact, that the claim of Dr. Wells was examined.

MR. TOUCEY. It is not noticed in the report. There is one little extract given, but the evidence in support of the claim of Dr. Wells is not presented in that report. The report is signed merely by a majority of the committee of the other House, and the minority report has not been handed in. What then? The widow and the children of Dr. Wells accidentally heard of it, and they sent in the affidavits they had on hand; but they have not been examined; they have had neither witnesses nor counsel; and now my colleague has their petition. If it is a matter of competition between these claimants, to which we must award the honor, I must say that the friends of Dr. Wells ask, for the sake of his reputation, that they should have an opportunity of presenting his claims.

I will state to the Senate one other fact. This pretended patent has never been regarded as of any validity. It has never been acted upon; it has never been enforced in any case; nor has any attempt been made to enforce it. If there is anything of that kind, it has been done in a corner. It has been done so that it has not come to my knowledge, or to the knowledge of the friends of Dr. Wells. Dr. Wells resided in my vicinity, in the city of Hartford. His office was in my own immediate vicinity, and it was a matter of public notoriety there that this discovery was made and reduced to practice by him in the year 1844; whereas the claim of Dr. Morton is, that he made the discovery in October, 1846. Dr. Wells made this discovery in the fall of 1844. I myself have seen the affidavits of the principal surgeons and physicians of the city of Hartford to that effect. I have seen the certificates of men who were operated upon, whose teeth were extracted—whose tumors were cut out, and without pain. I have seen a certificate from the very chemist, who, at Dr. Wells's request, administered nitrous oxyd gas to him, and had one or two of his teeth extracted, for the purpose of testing the discovery; and when he found how successful it had been, he was overcome with joy at the immensity of the discovery.

All I ask is, that there may be a fair hearing upon the subject before this or any other sum is awarded to the person who is the discoverer. There has been no such hearing. If Congress are disposed to go into that question, let justice be done; let all the parties have an opportunity to be heard for this great prize thus proposed to be offered to them; and let it be awarded to the person who deserves it. Sir, in what condition is the Senate? On the last day, or the last day but one, of the session, upon a bill providing for the support of the Army, involving some \$8,000,000, we are called upon to decide upon a private claim—one that has not been reported upon, unless to-day by the committee of the House of Representatives—one that has never been referred to the Committee on Military Affairs or the Committee on Naval Affairs of this body—once over which they had properly no jurisdiction, but which they have investigated without the knowledge of the parties who are interested in the question.

As a member of this body, I ask for common justice for my constituents, for the widow and children of Dr. Wells. Let them be heard, and if they are not entitled to this bounty let it be so decided upon proof before a committee of this body, or any other tribunal whatever. I have proof of the claim of Dr. Wells, but I will not go into the particulars of that proof for the purpose of convincing the Senate, because the subject is not properly before this body. I hope, therefore, that the Senate, on the ground that it is out of order, will not incorporate into

the bill a private claim of this kind, which is not legitimately here; and if they are disposed to do, or have power to do it, that they will not act upon it until the next session, when all the parties may be fairly heard.

MR. PRATT. I certainly do not desire to prolong this debate. I wish to remind the Senate that this is a quasi judicial proceeding. We are sitting here as judges to decide whether there is or is not a debt due from the United States to the discoverer of this scientific principle, and if there is a debt, to whom it is due. We are to act, therefore, here as quasi judges to determine that question. The report upon that subject has been laid upon our tables tonight. I have not had an opportunity to read one word of it. I have not antecedently had the opportunities which other honorable members seem to have had. I want to ascertain the facts of this case. I have had no opportunity of hearing anything about it until the candles have been lit in this Chamber. Reports have been laid upon our tables tonight and tonight only. I am informed by a member of the House Committee that he has made a counter report, which has not yet been printed, going to show that Dr. Jackson is the party entitled, if anybody, to this payment on the part of the Government.

As I have said, we are sitting here as judges to decide this question. How are we to decide it unless we hear both sides? Senators who, like the Senator from Louisiana, [MR. SOULE,] are willing to pay \$100,000 to Dr. Morton, and the same amount to Dr. Jackson, and a similar amount to Dr. Wells, or anybody else who may present a claim for this discovery, may agree to this without investigation; but as representing the United States, and as it is a debt of gratitude that can be due to but one, I am willing to pay the party entitled to it; but we should have an investigation. We should have the means of judging. Every one should have an opportunity of judging for himself. I do not doubt that my friend from Wisconsin is perfectly prepared to vote, because he seems to have had full information before him so that he could investigate and judge for himself. I do not doubt that the Senator from Arkansas also has had information, but I have not. The report has been laid upon our tables since these candles were lit, and no member who has only the legitimate information given to the members of this body is prepared to judge in regard to it.

MR. TOUCEY. The honorable Senator will allow me to state a fact. There has been no hearing on the part of the friends of Mrs. Wells before the committee. An eminent physician of the city of Hartford, who had himself used this remedial agent in 1845, before the pretended discovery of Dr. Morton, sent on to a colleague of mine in the other branch of Congress some affidavits that had been taken, and that member sent them to the committee, merely to apprise them that there was an adverse claim. But Dr. Morton was there with his counsel, and with his full proofs, and he has caused to be printed a report of the majority of the committee which has not been made, unless it has been made to-day.

MR. BORLAND. I want to say a word in simple justice to the committee of the other House. The Representatives of a portion of the Representatives from Connecticut, handed to the committee charged with this subject a bundle of papers purporting to be the evidence in support of the claim of Dr. Wells. There was no counsel before the committee representing that claim, but the committee thoroughly and carefully examined all the papers presented to them as evidence in support of it, and they came to the conclusion that there was no foundation whatever for the claim.

MR. PRATT. Owing to the distance at which the Senator stood, with his back to me, I could not hear what he said, so that it will not enable me to make my speech any more intelligible.

One of the arguments used in this case is, that there has been a patent granted to Dr. Morton, and that, therefore, we need not go behind that patent to ascertain who was the discoverer of this element. Then, it follows, that in the first place, the Government gave him a patent, and now, in addition to that, you are to give him \$100,000. But again, as I understand the honorable Senator from Connecticut, the patent was received upon the joint affidavit and joint application of doctors Jackson and Morton. They united in receiving the patent; therefore, because it was taken in that manner they both claim to be the discoverer of what is patented. I suppose it to be conceded that this Government ought to appropriate \$100,000 to the discoverer of this scientific principle and application, ought we not to have the means to judge for ourselves, or ought we not to leave it to some authority to judge for us, who is to have the money? I am willing to appropriate the \$100,000, and let the Supreme Court of the United States decide who is entitled to it. I am willing to appropriate the \$100,000, and get the opinion of disinterested scientific men as to who is entitled to it; but I am utterly unwilling, when we cannot ascertain at all who is entitled to it, when we certainly have as strong evidence that the one is entitled to it as the other—throwing Dr. Wells for the moment out of the question—to see the whole amount paid to one of the parties. I am willing to vote for the amendment if it is changed so as to authorize the Supreme Court of the United States to decide who is the discoverer, and who is entitled to the money, and declare that the \$100,000 shall be paid to the party who may be decided by the Supreme Court of the United States to be entitled to it. Suppose we as individuals were called upon to make such a payment out of our own pocket to one of several parties presented to us in the manner that these three doctors come before us, would we do it? Is there a gentleman in this Senate



who would agree to pay a man who claimed that from him, when there were three claimants occupying the position of these three doctors?—who would, without some judicial decision, pay to C in preference to A?

MR. CLEMENS. Suppose it was decided by forty courts, or by forty commissioners, that Dr. Jackson was the original discoverer of this principle, can anybody go behind the patent?

MR. SMITH. Yes, sir.

MR. CLEMENS. How? Cannot Dr. Morton enforce it?

MR. SMITH. No, sir.

MR. CLEMENS. Yes, sir; he can enforce it. Dr. Jackson's release is on the face of the patent; and it cannot be decided in any other way.

MR. PRATT. I did not intend to say as much as I have said. I append that the original discoverer is entitled to the patent; and if a party who is not the discoverer obtains a patent, the original discoverer can, in the way the law prescribes, secure the invalidation of that patent.

MR. CLEMENS. Dr. Jackson's release is on the face of the patent in this case.

MR. PRATT. That will not secure Dr. Morton, if his claim as the original inventor can be refuted. But all I mean to say is, that, from the evidence before us, there is a doubt as to who is entitled to this money, supposing it to be a debt due from the Government of the United States; and in the existence of that doubt we are not in a position judicially to determine whom to give it to. If we are to appropriate the money, we ought to designate some tribunal to decide as to the relative rights of those who claim it.

MR. SMITH. I desire to offer a substitute for the amendment.

MR. PRATT. I understood the honorable Senator from Arkansas to say that this appropriation had been recommended by the War Department. Am I correct?

MR. BORLAND. I stated that the Secretaries of War and Treasury had both recommended, not the payment of the particular sum mentioned in the amendment, but a fair and liberal allowance for the discovery, deeming it to be of great value.

MR. SMITH. Will the honorable Senator refer me to the document in which that recommendation is contained?

MR. PRATT. I am authorized by the Secretary of War, who is by my side, to say that to his knowledge he has recommended no such thing.

MR. BORLAND. I will read the letter of the Secretary of War:

WAR DEPARTMENT, WASHINGTON, June 21, 1852.

SIR:—I have received your letter of the 7th instant, inclosing sundry documents relating to the memorial of Dr. William T. G. Morton, who seeks remuneration from the Government for the discovery of the anaesthetic properties of sulphuric ether.

In reply, I beg leave to state that I have no information on the subject of this discovery other than that which I have derived from public rumor and from the documents you inclose, it being exclusively a professional question. All the information which this Department could furnish the committee, is contained in the letter from the Surgeon General, which is among the papers you enclose.

Judging from this information, there can be but little doubt that this discovery is one of the most valuable contributions that science has ever made to the cause of humanity.

I do not know what the practice of the Government has been in relation to rewarding individuals for inventions or discoveries made by them, or, at least, compensating them for the use of them in the public service; but I do not hesitate to say that if it has been the practice of Congress to grant such rewards or compensation, Dr. Morton's claim is fairly entitled to the most liberal consideration.

Very respectfully, your obedient servant,

C. M. CONRAD, Secretary of War.

HON FREDERICK P. STANTON,  
Chairman Committee on Naval Affairs, H. R.

Here is the letter of the Surgeon General of the Army, accompanying the letter of the Secretary of War:

SURGEON GENERAL'S OFFICE, March 1, 1852.

SIR:—In compliance with your verbal request to be furnished with information in regard to the employment of anaesthetic agents in the Army of the United States, and also for an expression of opinion as to the value and importance of this class of remedial agents, I have to state:

That sulphuric ether and chloroform were used to some extent in the military hospitals established at the theatre of war in Mexico, but the use of those articles was not so general as at present, for the reason that the apparatus at that time believed to be essential to their proper and safe administration, was not adapted to service in the field.

At the present moment it is believed that no surgical operation of importance is performed by the medical officers of the Army without the aid of some anaesthetic agent.

■ Previous to the discovery of this new application of sulphuric ether, the usual supply of that medicine was one pound for every hundred men. On the revision of the standard supply table, by a board of medical officers, in 1849, the pure washed sulphuric ether was substituted for the ordinary sulphuric ether, and the quantity allowed was increased one hundred per cent. At the same time another anaesthetic agent, the tincture of chloroform, commonly called chloric ether, was added to the

supply table, and is now regularly furnished to the medical officers in such quantities as in connection with the sulphuric ether, will suffice to meet all the demands of the service in this particular.

Although the discovery of this new therapeutic effect of sulphuric ether has led to the introduction and employment of other anaesthetic agents, this does not in any way militate against the merits of the original discovery, which I regard as one of the most important and valuable contributions to medical science, and to the relief of suffering humanity, which has ever been made, the only discovery to be compared therewith being that of vaccination, which has rendered the name of Jenner immortal.

Through the influence of these two remedial agents, the surgeon is not only enabled to perform the most extensive and difficult operations, undisturbed by the cries and struggles of the patient, but what is of far greater importance, the patient being rendered insensible, escapes that shock to the nervous system, which in itself is not unfrequently fatal. For this reason operations can now be performed with much more safety than heretofore, and that, too, in cases in which the attempt to perform them would have been forbidden by the general condition of the patient.

To the physician this class of remedial agents promises to be of the greatest utility, though their application in the treatment of disease has yet to be more fully developed.

It will suffice at this time to allude to their employment for the relief of suffering woman in the hour of her greatest trial, and at the moment she claims our warmest sympathies. That these agents can be safely used in parturition, so as to afford full and entire exemption from pain to the mother, and with safety both to her and to the child, has been amply demonstrated.

In conclusion, permit me to congratulate you upon the flattering testimonial you have received from the National Institute of France for this discovery, and to express the hope, that inasmuch as it is impossible for you to derive any pecuniary benefit therefrom in ordinary course by letters patent, you may receive from your country that acknowledgment of your merit which is due to one who has conferred so great a boon upon mankind.

I am, very respectfully, your obedient servant,

TH. LAWSON, Surgeon General.

W. T. G. MORTON, M. D.

Brown's Hotel, Washington, D. C.

MR. PRATT. Mr. President, the Senate will have perceived, from the reading of those letters, that the statement was stronger, as originally made, in reference to the recommendation from the War Department than they warrant; for the Secretary of War says that this is a question which he knows nothing about; that he knows nothing at all in reference to who was the discoverer of this principle; that he knows nothing of its value as a discovery except from the documents which were sent by the committee to the War Department, and from the letter of the Surgeon General, which was on file in that Department; that the Department had no information except that letter which has been read by the honorable Senator from Arkansas; but that, judging from it, without any knowledge on the part of the Department, whoever may be the discoverer ought to be rewarded by the country if it was in accordance with our practice and usage, that such men should be rewarded.

MR. BORLAND. I did not say that the Secretary of War undertook to decide who was the discoverer, but simply, assuming that somebody had discovered it, he did recommend that a liberal acknowledgment, in the way of compensation, should be made by the Government. That is all that the letter sustains.

MR. PRATT. As I understood the statement of the Senator, it was that the amendment which was offered was recommended by the War Department.

MR. HUNTER. If the question can be taken now, I will give way; but if not, I desire to say a few words.

Mr. President, I think it is very obvious from this discussion that a general appropriation bill is no place upon which to settle the priority of such an invention as this; nor do I believe that it is proper for this Government to undertake to settle such a question, and buy such an invention. The cases which have been alluded to were exceptions. In the case of McCalla and Boon, their invention was only applicable to mints, and the United States had the monopoly in the refining and coining of money. They could not be compensated, therefore, unless something was given to them. But this man has a patent. If the discovery is worth anything, I presume he could enforce it against anybody who used it—the agents of the United States, as well as others. I suppose the United States, if they wished the use of the patent, could buy it; and I suppose they could buy it only upon the same principles upon which individuals could buy it. That would be legitimate enough; but when it is proposed not really to buy the use of the invention, but to use that as an indirect mode in which to decide the question of priority, and by which to reward such a discovery and the exercise of such ingenuity, I think that we are departing from our proper sphere. It seems to me that this is a case of the latter sort. It would be just as proper to attempt to settle any other question in relation to the priority of a scientific invention without regard to its practical use; because, if we are to look to that, this man possesses a remedy through his patent, against any who use his discovery, whether agents of the United States or not. But the main object for which I rose was to suggest to the Senate that it is now obvious that unless this proposition be withdrawn, or unless by general consent we will agree to vote upon it at once, it will consume the residue of the night. I hope, therefore, either that its friends will withdraw



it, for this is not the proper place for its consideration or else that its opponents will agree to permit us to vote upon it.

MR. SHIELDS. I join heartily in the latter expression of my friend from Virginia; but I hope the amendment will not be withdrawn. I hope it will be voted upon, one way or the other, for this reason; I prophesy that if it is not finally determined here tonight, no session we shall have fifty claimants for the discovery. They will spring up in every town and village throughout the country.

MR. SMITH. I will save the Senate all trouble on this subject. I will offer an amendment having for its object the organization of a disinterested tribunal to decide this question. I move to amend the amendment by making it read as follows:

*Be it enacted, &c., That the sum of \$100,000 be appropriated as a national reward for the discovery of the anæsthetic properties and effects of sulphuric ether and its application in surgical and medical practice; and that the President of the United States be authorized to appoint three distinguished scientific men as commissioners, who shall examine the claim which may be set up by any person or persons to the discovery of the anæsthetic effects of sulphuric ether, and its application in surgical and medical practice, and that the said commissioners shall award the sum hereby appropriated, after deducting the expenses of their commission, to such person or persons, or the heirs of such person or persons as they shall determine to be entitled to the credit of said discovery and application, in such proportion as they shall judge to be due to the merits of the parties who have made said discovery and application.*

MR. WELLER. Question!

MR. SMITH. I do not know but that the honorable Senator from California seems to have made up his mind pretty fully on this subject, is about to cry "Question, Question!" to prevent my submitting my amendment to the consideration of the Senate. That is not the sort of treatment which members of this body ordinarily receive.

MR. WELLER. The Senator from Connecticut took his seat, and I took it for granted that he was through. But if he has any information to communicate to the Senate, I have no doubt the Senate will hear him patiently, a hour it would, perhaps, be the first time that the Senate ever received any information from him.

MR. SMITH. I have nothing to say in regard to the courteous, gentlemanly, and senatorial remark just made by the Senator from California; but if I now communicate any information to the Senate, it will be the first time I have ever done so. That was a very courteous gentlemanly, and senatorial remark to make here. That is all the notice which I shall take of the Senator or of his remark.

MR. BROOKE. I beg leave to differ from the honorable Senator from Connecticut on this question. While he is a prominent member of the party of which I claim to be an humble member, yet on this occasion I claim the liberty of entering my protest and dissent to his views, although the subject under consideration may not be connected with the general politics of the country. The point made by the honorable Senator was—

MR. SMITH. I desire to know if my honorable friend from Mississippi obtained the floor?

THE PRESIDENT. By rising and addressing the Chair. The Senator from Mississippi will proceed.

MR. SMITH. I offered an amendment to the Senate. I saw that the Secretary could not read my manuscript well, and I stepped to his desk to assist him, intending to resume my remarks. It is rather unusual to take the floor from a Senator in such a case.

THE PRESIDENT. Under these circumstances the Senator from Mississippi was not entitled to the floor. The Senator from Connecticut will proceed.

MR. WELLER. If the Senator from Connecticut has the floor, I desire to ask him a question. He made a remark a few moments ago, when he admitted of a different construction from what he intended.

THE PRESIDENT. If the Senator yields the floor, he may not set it again.

MR. WELLER. I apprehend it will be waived for a personal explanation.

THE PRESIDENT. That depends upon the Senator himself.

MR. SMITH. I desire to resume my remarks. I have no feeling whatever in relation to this subject other than a desire that right and justice should be done in respect to the matter we have now before us. My colleague and myself may, I suppose, be properly regarded as the representatives of a destitute widow, and of several orphan children residing in the city of Hartford, in the immediate vicinity of my colleague and I should feel that I was wanting in my duty, I should more than abhor myself, if I did not stand up here, and plead the cause of the widow and the fatherless. And under what circumstances, Mr. President, am I brought to the consideration of that cause? Am I not taken unawares? and is not my honorable colleague taken unawares? Was this proposed appropriation contained in the original bill? Did the Committee on Military Affairs put it in the original bill, and print it for the benefit of the Senate, and for the information of my colleague and myself? If they had done so, we should have had notice of this.

MR. SHIELDS. Will the Senator permit me to ask him if my colleague in the House did not notify him that this was under discussion before the committee?

MR. SMITH. I speak of the committee of the House. What if it were before a committee of the House? What was that to do with the question? I had no idea that you had it here under consideration, in the secret recesses of this Capitol. I mean to treat my honorable friend from

Illinois with great respect; I cast no imputation upon him; I cherish for him sentiments of very high respect; I believe he has an honest conviction that this is a just claim in favor of Dr. Morton; but if I could divest the mind of my honorable friend—and I believe I could—of his precommittal—I mean his precommittal so far as Dr. Wells is concerned—and he would give the case a fair, honest, and impartial consideration—and I know he is not in the habit of giving any other consideration to this or any other case—I should be greatly disappointed when the proof was brought fully before him, if I did not convince him that this is a just cause in favor of the widow and children of Dr. Wells, and utterly unfounded as regards Dr. Morton. I complain not in the sense of censure; but of the fact that this proposition was not put originally into the bill and printed, so that we and the country might be notified of it. What has been done? Why, sir, on the very eve of the session, at the close of the deliberations of a session that has now extended over a period of nine months, is brought in a proposition in manuscript, unprinted, uncommunicated to anybody, until it was laid before the Senate, and I have not time even to get the proof in favor of Dr. Wells and his family. I have sent over to the House of Representatives and tried to obtain the proofs; I have resorted to the members of the committee; I have applied to the chairman of their committee; but I cannot obtain them; and yet it is insisted that this case is to be rushed to a judgment, that a verdict is to be rendered without giving this family any opportunity to be heard from the lips of my colleague and my humble self.

In my amendment I have made a fair proposition. I have proposed to refer the matter to disinterested men to see who shall have this reward, to see who is the discoverer of the principle; and if there are two or more discoverers, to divide on their relative merits, and to apportion the reward among them according to the justice and equity of the case. I desire to inquire of honorable Senators who favor the original proposition, whether they are resolved that Dr. Morton shall have this money anyhow, right or wrong, hit or miss? What does my colleague tell you? He tells you, and we all know, that Dr. Morton only pretends to have made this discovery in the fall of 1846. And is my colleague's testimony to be set down for nothing? Has he stood up here in the presence of the Senate of the United States to promulgate that which is not a fact, when he tells you that this discovery was made in the city of Hartford, in his own immediate vicinity, in the fall of 1844? I do not know whether he said he saw it applied in 1844.

MR. TOUCHEY. If my colleague will allow me, I will explain. I have never seen it applied; but it is a matter of public notoriety, and I have seen the testimony of all the principal physicians and surgeons in the city of Hartford, that the discovery was made and introduced in 1844, by Dr. Wells; and I have seen the testimony of some of the surgeons that they made use of it, putting patients in a state of insensibility under the amputation of a limb, and other surgical operations, and that it was communicated to a medical journal in the city of Boston in 1845. That is what I said.

MR. WALKER. Will the Senator allow me to have read a portion of the report of the Select Committee of the House on this matter?

MR. SMITH. With great respect to the honorable Senator from Wisconsin, I have to say, that if he will bring both the majority and minority reports, if he will bring all the papers here, I stand ready and desirous to have them read.

MR. WALKER. The Select Committee in the House was composed of five members. Four out of the five agreed upon the report, a portion of which I propose to have read. They most emphatically declare that Dr. Wells, after having pursued the investigation, failed; that he attempted to make the discovery, but it was a failure, and his letter to Dr. Morton followed upon that.

MR. BRODHEAD. Will the honorable Senator from Connecticut allow me to make a suggestion to him? I am with him on this question. I intend to vote against the amendment; but I suggest to him to let us take the sense of the Senate upon the main proposition, as submitted by the Senator from Illinois, from the Committee on Military Affairs; and then, if it is not voted down, he can renew his proposition, after the bill is reported to the Senate.

MR. SMITH. I most cheerfully and cordially embrace the suggestion of my friend from Pennsylvania, for I have no disposition to intrude upon the Senate. I speak from no pleasure, but from the promptings of my heart, which, perhaps, is too much alive to the situation of the family of the late Dr. Wells. Perhaps I have displayed too much feeling in relation to it; but for the present I withdraw my amendment.

THE PRESIDENT. The question, then, will be on the amendment reported from the Committee on Military Affairs.

MR. BRODHEAD asked for the yeas and nays upon it; and they were ordered.

MR. SEWARD. I must say a word, because the position which I hold in regard to this question renders a personal explanation necessary. Dr. Morton and his friends invited my attention to this subject, but it was under circumstances such that I could not go into an investigation so laborious, so difficult, as I knew such a question must be; and as I heard nothing from any one opposed to his pretensions, I at last stated to him, "it is quite unnecessary for me to occupy myself in the examination of the claim, for I had already been predisposed in its favor." I have now come to the conclusion, from what I have heard in this debate, that it is unsafe in regard to the public Treasury, unsafe in regard to public



And now, Mr President, if it be difficult to establish a standard by which merit generally is to be rewarded, how utterly impossible must it be to determine its proper

bounds in a case like the present, in which an humble individual is the donor, and the whole human family the recipient. His most enduring and valuable reward will be in the undying gratitude of a posterity whose lot is suffering and pain, and a supreme happiness flowing from gratitude to God for being made the medium of such a boon to his creatures. But, sir, let us fulfil *our* duty. *We* cannot pay Dr. Morton. His services are beyond price; but we can place his future life beyond the reach of poverty, and in this manner do justice to ourselves; for, Mr. President, to the living searchers after truth, as well as to those children of genius who are yet to struggle in her paths, and in the eyes of all honorable men, the course of the American Senate upon this question will be a beacon of warning or of hope.

I believe not the worn-out apophthegm, that Republics are ungrateful. Ingratitude is the crime of men, not of political organization—and the sons of Adam possess in common the same virtues and vices. But yet, sir, there is much upon history's page to justify the proposition, even within our own short political existence. The graves of our revolutionary sages are unknown to their free and happy descendants. No Old Mortality renews their fleeting letters; and the monument of its father and hero struggles lingeringly upwards, stone by stone, in spite of their seeming indifference.

Fulton's merits were disregarded; and he was suffered to die owing more dollars than would have covered him in his grave. In pleasing contrast to this, sir, is the grant of the British Parliament of \$150,000 to Dr Jenner for his discovery of vaccination; and its liberal reward of discoveries in various walks of science. I am persuaded that the objection based upon a constitutional prohibition, made by the honorable Senator from New York, is not seriously urged; and certainly upon one of the alternatives suggested by him, we can reward this applicant. I never saw him till within a day or two, and I know per-

sonally nothing of him, but entertain no doubt of the justice of his claim, and hope the amendment will pass.

Mr. HALE. I desire to state a fact which has come to my knowledge since this discussion commenced. I do not know whether it will have any influence upon the votes of Senators to-night; but there is a gentleman in this Chamber now who has informed me, and he is ready to pledge his honor and reputation to it, that neither Dr. Morton, nor Dr. Jackson, nor Dr. Wells has anything to do with the original discovery of this principle; that it was discovered and applied to practice in the city of New York by a young physician who is now in his grave; that if there is any merit belonging to it at all, it belongs to him, and if there is any meritorious reward due to anybody, it is to his orphan sister. This gentleman is ready to pledge his honor and reputation that if the subject is postponed until December, he can by irrefutable proof establish that fact to the satisfaction of any tribunal to which it may be submitted. Upon this I express no opinion, but as the statement was made by a gentleman of reputation, I thought it my duty to communicate it to the Senate before the vote is taken.

The question was taken by yeas and nays upon the amendment, and resulted—yeas 17, nays 28, as follows:  
Yeas—Messrs Borland, Brooke, Clemens, Dodge of Iowa, Douglas, Gwin, Houston, James, Jones of Iowa, Mallory, Morton, Shields, Soule, Stockton, Sumner, Walker, and Weller—17.

Nays—Messrs Bradbury, Bright, Brodhead, Cass, Charlton, Chase, Clarke, Dawson, Downs, Felch, Foot, Geyer, Hamlin, Hunter, King, Mangum, Meriwether, Miller, Norris, Pearce, Pratt, Seward, Smith, Spruance, Toucey, Underwood, Upham, and Wade—28.  
So the amendment was rejected.

Mr. DE SAUSSURE, when his name was called, stated that he had paired off on the question with Mr. Adams.





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## NATURE IN DISEASE.

An Address delivered before the Norfolk (Mass.) District Medical Society, at the Annual Meeting, May 12th, 1852, and printed in accordance with a vote of the Society.\*

BY B. E. COTTING, M.D., OF ROXBURY.

NOTWITHSTANDING the rapid progress of medical science in these latter days, and the great advances the present has made over past ages in freeing our profession from the mysticisms which have ever enveloped it, it is still to be feared that too many of our fraternity set out upon their professional career indelibly impressed with Mr. Bagges's notion, that 'disease is a certain noxious something, to be destroyed by medicine as an acid by an alkali'; and when, like Dr. Labell, they have treated their patients to 'leeches, blisters, antimony, opium, ether, ipecac., colchicum—lotions, fomentations, and liniments'—they, like him, take good care to impress upon the convalescent that these medicines have cured the disease by putting a stop to it! Believing this themselves, they indoctrinate their patrons, and through them the public, with the same idea. But it must have early struck the attentive student, as it may now-a-days even the superficial observer, that under various and conflicting methods of treatment many diseases come to about the same general results—about the same relative number of recoveries and failures. For a longer or a shorter period, the most diverse theories, as of Cullen, and Brown, of Broussais, and Rasori, and others of a lesser note, have claimed and held pre-eminence. During its reign, each has not only been considered superlatively successful, but boasted its unrivalled cures. Under each, patients recovered in sufficient numbers to enable its followers to predict its universal adoption. That many also died, though drugged in strict accordance with the prevailing and supposed infallible theories, as well as under other methods of treatment, is sufficiently evident from the fact that these systems lost the confidence they once obtained, and now only remain in the memories of our older practitioners, or serve to amuse those whose curiosity leads them to search the records of past hypotheses. No system has now such unquestioned sway, as those of Cul-

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\* In yielding, reluctantly, to the vote of the Society and the solicitations of friends, it is hardly necessary to remark that no one estimates more highly the value of a thoroughly rational, scientific treatment of disease, than the author of this essay. Such treatment is not only highly beneficial, but all-important. It is the routine, unscientific, reasonless and unnecessary medication, overlooking the real nature and tendencies of disease, which he deprecates.



len and Brown with our fathers. We are now in an unsettled state—in transition from hypothetical to more rational methods. The doctrine of “nature curing diseases,” so full of baneful influences on the practice of physic in the opinion of Cullen and his followers, has been stripped of most of its supposed dangers, by the present generation, and is again in the ascendancy. The present period is remarkably favorable for more extended and more correct observations in this regard, and it is to be hoped that it will not pass unimproved by the profession.

The science of therapeutics, though freed of many of its absurdities, has not yet made great positive advances when compared with other branches of medical knowledge. Nevertheless, the recent results of a more exact pathological anatomy, registered and counted, have not been without their salutary effect upon the treatment of diseases. Sixteen years since, Dr. Bowditch’s translation of that incomparable work of Louis on Typhoid Fever, was distributed to the members of the Massachusetts Medical Society. Many a doubting glance was cast over its pages, and grave and respected elders were then heard to remark to each other and to the bystanders “that it would be a disgrace to any New-England physician to treat fever as recorded in that work.” The vigorous—to call it by no harsher name—the vigorous treatment then and previously pursued in this neighborhood for typhoid fever, had *done so much* that the expectant method, therein alluded to, seemed doing nothing indeed. Venesection, emetics, cathartics, blisters and mercury, the remnants of English heroics, stood in strange contrast with the milder trifles, the barley-mixture and gum-syrup of the French hospitals.

The previous year, Dr. Bigelow delivered his admirable discourse on self-limited diseases, before the same Society. The doctrines of that discourse fell like an exploding bomb-shell into the camp of those who had taught their patients, and probably themselves believed, that they had *broken up* unnumbered cases of fever by a master-stroke in the commencement, or had cut short their triumphal progress by some wonderful exploit of professional strategy. Many went away sorrowful at the doctrine—some at such heresies in high places, and some fearful perhaps that if disease had not suffered at their hands, the patient certainly had. The right spirit, however, was awakened. Accurate investigations were made and recorded. Autopsies, rigorous and general, were instituted anew; and the result has been that an entirely new view of the history and pathology of typhoid fever has since prevailed. And, whether the redness and ulceration of Peyer’s patches stand in the relation of cause and effect, or neither—a constant coincidence of these phenomena with this fever, and the increasing belief of its self-limited nature, have been sufficient to remodel the plans for treatment. This has been done so effectually, that it may now be doubted whether it would not be a disgrace to any one of us not to recognize the principles established by Louis, in our treatment of this and similar diseases.

Valuable as these advances have been, the practical inquirer has other and equally-important questions to ask of the observer. Disease has been noted, registered, and counted, under various forms of treatment—what would its history and course be, if left to itself, under no treat-

ment at all, without the administration of any drugs, with a view to cut short or even to mitigate its progress? For this question must receive a distinct and definite answer, from the observation of a sufficient number of cases, before the real value of any method of treatment can be truly estimated.

It may be said, and with truth, that this is a difficult question to decide—that single cases vary greatly in character—that the constitution and state of the patient are not the same, for any two individuals—that in its tendency, severity and complications, each case differs from every other. But all this does not alter the proposition. From such cases we are constantly proclaiming the value of certain remedies, and deducing plausible theories of treatment. Aye, but the experiment—who will be bold enough to try it? The sin of omission in practice is the unpardonable of offences. To have *tried everything that could be thought of* is the impregnable retreat of the baffled practitioner, and a balmy sedative to the bereaved. Nevertheless, until the benefits of the prescription over its omission be known, the administration of a drug is as great and as hazardous an experiment as the withholding of it. Who can say with truth that it is not even more dangerous? The popular reasoning, that “it will do no harm if it does no good,” may be sufficiently satisfactory to ignorant and officious bystanders, who seem sometimes to literally revel in an opportunity to crowd a patient’s stomach with multifarious mixtures, and to load his person with offensive masses; but it will hardly bear the test of ordinary common sense. The suffering individual may prefer the trial at any risk, under the irksomeness of debility or the pangs of disease; but a compliance with his wishes, followed by recovery, is not proof positive that he has been benefited thereby.

A violent fever sets in—you bleed the patient, and administer powerful drastics. In a few days he is well. Has the disease been *broken up*? Might he not have recovered equally well and speedily had he never seen you, or your supposed remedies? Cases of recovery under similar circumstances, without interference, are not infrequent. And until the question can be decided on a large scale—until the degree of probability in a given case can be shown from multitudes of observations, the value of your interference, for good or for evil, must remain uncertain and problematical.

Now, hundreds of cases of typhus fever have been submitted to the most thorough expectant or let-alone treatment; and it has been found that so far as duration of the disease is concerned, the results were quite favorable. Cases commencing with most violent symptoms of inflammation, delirium, &c. &c., have subsided after a day or two, and convalescence been fully established in less than a week. It has been found that the natural duration of the disease is from three to nearly or quite one hundred days—some of the longer cases having commenced or terminated so gradually as to render precision to a day impossible, and the shorter ones resembling, as far as they went, those which proved of longer continuance and dangerous severity. By far the largest number were convalescent in less than twenty days. In severity of daily and progressive symptoms, these cases compare favorably with equal numbers of



others under the various and ordinary treatment of competent practitioners. In general results, these cases presented a decided amount of recoveries over those in which an active, or heroic, treatment was employed.

We may not be able or willing to adopt such a course for an individual in private practice ; for, as has well been remarked, "such treatment may do for armies, where one man is as good as another ; but does not answer for individuals, by nature prone to over-estimate their personal consideration." Still, until the principles be established, by which the individual may securely have just that degree of treatment suited to his distress and danger, better than they now are, the results of such investigations must have a beneficial influence. Let every opportunity of observing a case of fever, undisturbed by drugs, be improved by each one of us. It cannot fail to add to our knowledge of the real nature of the disease, and perhaps may save some of our patients from unnecessary suffering ; for, although some of us may be wandering amongst infinitesimals, the most of us in medicine, even now, like the rich in their wealth in Hesiod's time, "do not know how much better a half is than a whole."

The truly expectant plan has also been tried in the treatment of scarlet fever—in fewer cases, but with very similar results. This disease is admitted on all hands to be self-limited, and no one pretends to break it up. Yet there are indications from all quarters, especially from such observations as those alluded to, that even in this day of small doses, professional overdosing is a great obstacle to the speedy and perfect recovery from this complaint. These cases of too much interference happen the more frequently, where the great anxiety of influential friends, stimulating the too ready attendant, exacts a multitude of appliances and a legion of remedies—that there may be abundant evidence of "doing something" for the victimized patient. How much the probabilities of recovery have thus been diminished ; how many, if not fatal, at least severer sequelæ have thus been entailed upon the sufferer ; how many broken constitutions, what impaired vitality, and greater susceptibility to noxious influences ; how many weaknesses in protean forms have thus originated ; how many a fatal termination has thus been directly induced, we may never know. We may, however, taking heed to such suggestions, be less anxious to invent new prescriptions and appliances, than to dispense with many now usual and popular, lest perchance it some time turn out to our mortification that the disease, in our day and generation, is really less formidable, as nature forms and develops it, than as modified and complicated by the ordinary interferences of art.

The natural history, progress and tendency of dysentery, if carefully re-investigated, would form no mean addition to our professional acquisitions. That this disease tends to recovery, and is actually recovered from, in sufficient number of cases to inspire confidence in the treatment, under all varieties of practice, from the most heroic drastics to the most imaginary doses—the treatment by opium and astringents not having warmer supporters than that by repeated potions of castor oil ; nor these than that by billionths of a grain of corrosive sublimate—and that we

so often hear practitioners complaining that it is so very "obstinate" or unyielding to remedies, this or that season, are sufficient indications that it is self-limited, and defends itself, as best it may, against excessive medical interference. That, as in typhus, scarlatina, and other exanthems, a person having experienced one attack of this disease is thereby protected against a second, though not so certainly proved, is not improbable from recent observations. The subject throughout possesses unusual interest, and is deserving of attentive revision.

In 1835-6, Dr. James Jackson caused to be translated and published Louis's work on "*Bloodletting in some Inflammatory Diseases, and on the Influence of Tartarized Antimony and Vesication in Pneumonitis*," and added thereunto his valuable collection of cases from the records of the Mass. General Hospital. He was induced to publish this work, he says, by the deep impression which Louis's results, so little in accordance with the general opinion, had made on his own mind. And he candidly admits, after re-examing the cases referred to, that "it would seem to be of less importance whether our patients were bled or not, than whether they entered the hospital early or late." That is, comfortable apartments and attentive nursing exercise a greater influence over this disease, than all the boasted powers of bloodletting then so universally relied on. Well might he add, that such results "will, no doubt, surprise many, if not most medical men." They did surprise the profession; and the treatment of pneumonia now is quite a different thing from the treatment of the same disease fifteen years ago. Whether venesection is now sufficiently employed in pneumonia, or not, is a question I cannot answer; but certain it is that the average of fatal cases treated without it, in this vicinity, does not exceed, but rather falls short of, that stated by Dr. Jackson for the cases so treated in the Mass. General Hospital. At the time of the publication of the work alluded to, it was the practice, in this section of the country at least, to administer antimony in pneumonia to constant nausea—to tolerance, so-called. This was a very happy expedient for the routine practitioner—so simple a thing was it to mingle the drug in the customary proportion of water, and so satisfactory a matter was it to nurses and friends to find sweet solace in the frequent administration of the mixture. But the poor patient—who that has once seen can ever forget the involuntary shudder, nay, the inexpressible horror, when the repulsive draught was again and again offered? Nor was the evil always confined to the administration of the supposed remedy. "Redness, soreness, and even pustules were produced in the fauces," admits Dr. Jackson. Yes, and autopsies revealed pustules throughout the intestinal canal, even where tolerance had not been exceeded. I well remember the subdued undertone in which such facts were whispered about among the profession; and the trembling hesitancy with which antimony was subsequently administered by those whose faith in it could not be shaken, though they were ready to admit an unaccountable irritability of the mucous membrane in some idiosyncrasies. How much the patients unnecessarily suffered by this and other equally harsh medicines for this disease, will probably never be accurately estimated—how many were relieved of their dis-



tress, or restored, in consequence of such practice, will remain equally a subject of conjecture. One thing is certain, that many distinguished practitioners thought and taught that they effected "remarkable cures" by such a course of treatment. And another thing is now not less certain, from the testimony of most respectable members of the profession, who have watched, expecting to prove the contrary—that pneumonia, even in the severer forms, may pass, with perhaps equal certainty, through all its stages to perfect recovery, under the administration of infinitesimal atomies.

Perhaps no disease, in this vicinity, is more dreaded by parents, and practitioners also, than membranous croup. Certainly none requires more assiduous attention, and offers less prospect of ultimate success. We now speak of the membranous disease, and not of those so-called spasmodic or catarrhal affections generally classed with it. These latter, though often violent and alarming in the outset, are comparatively harmless, and ought no longer to be called by the terrific name of croup, with which they have little or no affinity.

Sixteen years since it was taught, from the lips of undoubted authority, that "croup is death." Its great fatality, its great frequency in certain localities, and the insidious nature of its attack, have made it the subject of observation by many anxious inquirers, who, of late, have added much to our knowledge of its nature and history. It has been found that exudatory inflammations (affecting chiefly, but not exclusively, the larynx, trachea and bronchiæ) spread invariably from above downwards, and not in an opposite direction; that if it commence in the trachea it may descend into the bronchiæ, but will not mount to the larynx; that with nursing children false membranes are not infrequent in the fauces only, and that the liability to descend into the larynx increases in proportion to the age of the child; that in adults, on the contrary, false membranes are, except in rare cases, chiefly confined to the smaller bronchiæ. It has been found, also, that the membrane itself is of a peculiar nature—a tissue of elastic fibres, longitudinally arranged; the fibres smooth, and in no degree transversely striated. Great elasticity is one of its chief characteristics. It is inorganic in its nature, or so much so that it never tends to organic union with the subjacent tissues. In proportion and as soon as the inflammation begins to abate, it separates, and, by irritating, causes itself to be thrown off. It may be re-formed a second, or even a third time. Though generally considered the result of a peculiar species of inflammation, it certainly obtains in other parts of the system, and moreover (from which we may learn a lesson of caution in our treatment) fatal exudations, similar in many if not in all respects, have been known to take place in previously healthy larynges from the accidental inhalation of caustic vapors.

It is believed, from careful investigation, that death is not oftener due to the obstruction of the membrane than to the weakened or paralyzed action of the muscles which open the glottis—though spasm seems to be most dreaded by attendants generally. And further, observation has shown that cases of undoubted recovery, with expulsion of the membrane, have taken place under treatment by calomel to excessive

salivation, emetics to cruel barbarity, caustics to distressing peril, more frequently under the milder process of anodynes and watery vapor, sometimes under imaginary doses, and, lastly, without any medical treatment real or pretended—so that it must be set down among the self-limited diseases, with a natural tendency, though feeble it may be, towards recovery.

These few diseases have been adduced, among many others that might be cited, to illustrate the position assumed, and to indicate the kind of observations we would urge. Such observations any one of us may make. They are easier, and will be more serviceable to ourselves and the profession, than attempts to solve the mysteries of disease by pathological dissections. These, though more generally insisted on, and certainly never to be neglected, often require most skilful hands and the most patient examinations of the practised, and the numbers of cases which only large cities can supply ; but the other is forced upon us at the bedside of every patient. No one can over-estimate the importance of correct knowledge on this subject. Without it, we shall ever be uncertain as to the *real* value of any therapeutic interference. The fear of not doing enough may deter us ; but we have seen how much the best physicians have formerly erred in their implicit reliance on powerful medicines to shorten disease and to restore health. And we know that the natural tendency to recovery under simple nursing, or under imaginary doses, is at least as great as under the formidable heroics of former times. “When I came upon the stage,” wrote a few days since a venerated friend, who last year entered on his second half-century of active practice—“when I came upon the stage, whatever might be the differences of opinion about the nature or origin of the disease, there was none at all about the treatment : the first day an emetic, the second a cathartic—just as regular as the first and second bells for meeting on Sundays. Over and over again, during my pupilage, I have heard the patient say to my teacher, ‘O doctor, I know I ought to have sent to you before, but I did *so dread* to take an emetic !’ And this dread of seeing the doctor for fear of an emetic was founded on woful experience—the one was as sure as the other. And such doses—Lord save us ! Nothing short of the indomitable spirit and power of that strong race could have carried the Pilgrim Fathers through their trials, or their descendants through their struggles with such Herculean medical practice.”

Thus saith my friend—and at the present day may it not be that we are standing in a similar position towards those who may come fifty years after us ; and this the more likely, as it is an occasional remark of Continental visitors, abundantly qualified to make correct observations, and after sufficient experience and intercourse in the country, ‘that our people are martyrs to drugs and medicines—and this, too, at the hands of the profession.’

If we ourselves are not able or willing to make the trial where we feel that experience has given a power to alleviate or to arrest, many of us, if so disposed, may turn to account the cases of our neighbors who honestly deal in infinitesimals. It were better for ourselves, and the science to which we are devoted, to avail ourselves of such opportunities



than to waste our time and temper in empty cavillings against their vaunted, but, as we believe, baseless theory. If we need not the instruction ourselves, it is time the public were instructed by us in more correct notions of the nature of disease. So long as physicians teach their patients, directly or indirectly, or allow themselves to suppose, that diseases cannot be removed unless broken up by some masterly exploit, or amazing mystery of art, so long will the profession stand in a false position—so long will it be subject, as in times past, to violent alternations from formidable heroics to mystified trifling—so long will practitioners be doomed to have some of their sickest patients taken from them and placed at the critical moment in the hands of reckless adventurers; perchance to recover under treatment wholly inappropriate or totally inefficacious—so long, also, will medicine be ranked among the uncertain sciences, and its results be classed by intelligent laymen as the offspring of blind chance. With more frequent reference to the natural history of disease, physicians will adopt a less assuming and presumptuous bearing, which, while it serves to make the vulgar stare, brings grief into the hearts of the discriminating. The most celebrated of our profession, ever remarkable for their little reliance on the specific powers of medicine, and always noted for administering the smallest quantities and the mildest forms, have ever been distinguished for modest demeanor and a willingness to admit that they have been merely careful attendants and watchful assistants, nature guiding, at the bed-side of the sick. Thus we hear an illustrious example of medical lore, after skilfully carrying a patient through a protracted and almost hopeless disease, modestly remarking that he had ‘visited the lady and the Lord had cured her.’ And we are not the less impressed to admiration with the renowned skill of that glorious veteran of military surgery, after a successful attendance on a chieftain horribly mangled in battle,

“Who wrote from Suzæ’s blood-stained field,  
‘I dressed the wound that God has healed.’”

Here, too, in our own day and circle—those of us who were privileged to listen to the teachings of

“The truest, noblest, wisest, kindest, best,”

of physicians and men, will bear witness to the earnestness with which he deprecated the use of the word *cure* as a result of medical treatment, and the decision with which he excluded it from the Hospital records, adding that in its legitimate sense (to cure meaning to take care of) all such patients had been *cured*, though only a part had *recovered*.

If we read aright the signs of the times, this spirit prevails to a greater extent than ever before in the history of the profession, and is on the increase. It is of good omen—let us bid it God-speed. We need not fear the loss of position and influence by instructing the community in the true nature of our science. The want of such information, and the belief that each disease or symptom has its appropriate and infallible remedy, if the practitioner could only hit upon it, has been the source of infinite mischief—the foundation of professional huckstering, and of vulgar empiricism. The only remedy for such evils, widely felt and sufficiently deplored, is to be found in an earnest and persevering application to in-

vestigations such as we have advocated. Such investigations will raise the medical attendant far above the mere prescriber of drugs or the dealer-out of nostrums. They will open his mind to a nobler view of his calling, and give a loftier purpose to his mission. To responsibilities, greater than fall to the lot of other mortals, they will add the necessity of augmenting professional acquisitions by an enlarged knowledge of collateral sciences. To watch carefully, to study thoroughly, to guide cautiously, will become only the more imperative. Individual labors may thus be increased; but as such investigations are successfully pursued, and the knowledge of the real nature of diseases better known and promulgated, the relations between physician and patient will rest on a more rational basis, the profession will reach a higher elevation and take a firmer hold on the confidence of the people, than it has ever yet attained; and its members will be saved from the reproach now sometimes cast upon them, that they have been "ever learning, but never able to come to the knowledge of the truth."

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#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the *Boston Medical and Surgical Journal*.

#### EIGHTH LETTER.

**MY DEAR FRIEND,**—It is my purpose to-day, as I promised you, to see if it is possible to distinguish a simple blennorrhagia from one with a chancre concealed in the urethra. You see that I lay down the problem as boldly as my opponents.

In the study of this diagnosis, it is important to establish two conditions; the one a diagnosis absolute, unequivocal and undeniable; the other a rational diagnosis.

An absolute diagnosis cannot be obtained but by artificial inoculation. Every time that muco-pus furnished by a mucous surface will give the characteristic pustule, which we shall soon have to examine in studying chancre, we can affirm, whatever has been the duration of the disease, that this muco-pus is virulent, that there is a chancre somewhere; the chancre alone being able to give rise to the positive results of inoculation. Here is the incontestable fact established by my researches, and the absolute and unequivocal diagnosis in all its strictness.

When by the inoculation of muco-pus from the urethra you obtain the characteristic pustule—pronounce boldly, and without the possibility of error, it is a virulent blennorrhagia. But only ask of inoculation, as of all the other means of investigation, what we have the right to expect from it. We must have variolic or vaccinal virus to produce the effects of variola or vaccine. If at the side of a variolic or vaccinal pustule an abscess is developed, and you should take the pus from this abscess to inoculate, you would not obtain the specific effects of the vaccine nor of the variola. Take some muco-pus in the neighborhood of a variolic pustule developed upon the Schneiderian membrane, and this muco-pus will not give the effects of the variolic pus.



If you have, then, a patient actually affected with an urethral chancre, and at the same time with a simple blennorrhagia ( a frequent complication), and in the place of taking the pus from the chancre, we take it from the blennorrhagia, the result will be necessarily negative. It does not require much mind to understand so simple a thing, and I am astonished that M. Vidal, who has much esprit, should make of this an objection against inoculation. I have too high an esteem for his understanding to admit that he could believe that pus furnished by chancre of the urethra, when a blennorrhagia coëxists, ought necessarily to be mixed with all the blennorrhagic pus ; or that a drop of pus from a chancre, acting after the manner of leaven, renders the other necessarily virulent. Without doubt, the complication of morbid elements, as regards the diagnosis, often renders the analysis difficult, but an exact knowledge of each of these elements permits us, under any circumstances, to distinguish between them.

The chancre of the urethra, which can never have a very great extent or large surface, can furnish but a very small quantity of virulent pus. Even in the indurated chancre the secretion is sometimes almost nothing, generally insufficient to stain the linen of the patient. A very fine example of this can be seen at this moment in No. 15 of the first ward of the Hospital du Midi.

Every time, then, that we have to deal with a very abundant discharge, we have the right to suppose that there is something else besides the product of chancre. We must guard against concluding upon the absence of chancre in the urethra, from the negative results of inoculation. But if the inoculation is repeated several times—if, moreover, care has been taken to press out the secretion of the urethra in order to obtain the more immediate product of the ulcerated surfaces—and the results have always proved negative, there is a very great probability that it is a simple blennorrhagia and without the complication of chancre. Without doubt the diagnosis here is neither absolute nor complete ; but does it not present at least something more than the diagnosis which is generally made ?

In order to draw a conclusion from the negative results of inoculation, the epoch at which the experiment is made must be kept strictly in view. We shall see later, in studying the chancre, that the virulent secretion has a term, and that there is a moment when the ulcer passing into the state of simple ulceration ceases to furnish specific pus. If, then, experimentation is made too late, less can be concluded from the negative results, than if the inoculation had been made during the first or second week following the infecting coitus.

In examining inoculation under this point of view, does it not offer all that strict reasoning can demand ? If the results are positive, this gives you the most absolute sign that diagnosis can give. If they are negative, the results conduct then to a rational diagnosis of which they may be the most valuable elements. Let a more sure or a more fruitful sign in human pathology be found. What ! would not that be a sign of great importance, which, when it exists, permits us to affirm, in a necessary inevitable manner, the existence of a lesion with grave conse-

quences, and which when not existing can conduct us with a sort of certainty to a rational diagnosis!

And because this sign has also its uncertainties, shall we not pay attention to those circumstances in which it presents a value and a mathematical precision? Are we, then, so rich in absolute diagnosis, that we ought to show ourselves indifferent, sceptical, or scornful with regard to a sign the existence of which smooths over so many difficulties?

What other means but inoculation, in a case of legal medicine, will permit us to state strictly that a blennorrhagia is or is not symptomatic of chancre?

But is it asked of me if inoculation is always applicable? Do we always arrive in time? Can we and ought we always to count upon it? Must we always have recourse to it? Certainly not; I have written this and repeated it a hundred times in my lectures, and it is incredible that objections should be again sifted over that I have myself so many times made. Inoculation, since it is again necessary to repeat it, is an excellent means of diagnosis, but of which we are often deprived. Is this a reason for renouncing the research into the distinctions between simple and virulent blennorrhagia? Without doubt, no; and fortunately, a well-directed minute study of all the elements of the disease, gives, in the great majority of cases, whatever my opponents say, a diagnosis sufficient to enable us to conclude upon the prognosis, and to furnish the indications of a treatment truly methodical.

It is not sufficient, as we shall see later, merely to have a primitive ulcer in order to fear the constitutional verole, and to necessitate a mercurial treatment; other conditions are ordinarily sufficiently well marked to enable us to recognize them.

Permit me, then, to pass over again very briefly in review, the ordinary elements of the diagnosis of blennorrhagia, of which there has already been a little question, on account of the etiology.

You recollect what I said of women considered as a focus of infection, and the value which we can attribute to the source, as regards concluding upon the virulence or the simplicity of blennorrhagia. The patients have a singular naïveté upon this point, and entertain a strange idea of morality. How many times have I seen young people enter my office and say to me—the blennorrhagia which I have caught cannot be otherwise than benign, for I contracted it from a married woman, the wife of one of my friends, and I am very sure that it cannot be anything more than an *échauffement*. At this I am accustomed to answer—Sir, if your wife had a lover, would you consider her as a very honest woman? This question troubles almost all of them, and they see very quickly that in order to settle upon my diagnosis, I have recourse to means rather more certain than the morality of the source. A woman perfectly healthy, I have already said, may be a source of infection.

Among the curious and singular facts which have passed under my eyes, permit me to relate to you the following, which has also its morality, as you will see. A young and small household had invited to breakfast a friend of the husband. The repast was almost terminated,



and the appetite was not satisfied. It was decided that a morsel of cheese should be added to the feast. The husband leaves the table, descends four pair of stairs, and runs to the neighboring grocery to seek the complement of the friendly repast. Alas ! he does not return sufficiently quick. During his short absence, and between the pear and the cheese, his unfaithful better half committed adultery with his perfidious friend. The husband returns, the repast is finished, coffee and its accompaniments are taken, the friend retires, and the husband in his turn consummates the conjugal act. Three days after, the husband comes to me with a chancre of the urethra, with symptoms of blennorrhagia. He was accompanied by his wife, and he assured me that he had had relations with no other woman. The most careful examination of the genital organs of that woman did not permit me to discover anything suspicious. My prescription made, these individuals went away, leaving me without explanation of this virulent blennorrhagia of the husband. But the next day the wife returned, to ask me if I was very sure that she was not diseased. I examined her anew, and again I affirmed to her that she was perfectly well. Then she related to me the history which I have just told you, and she added that the delinquent was there, and begged me to examine him. I found upon him a magnificent chancre on the corona glandis, in the specific period.

This fact confirms the curious experiments made at the Lourcine by my young and learned colleague M. Cullerier. He placed some virulent pus in the vagina, let it rest there during some time, took it again upon his lancet, and inoculated with positive results, and the vagina, submitted to the treatment of injections only, was not infected.

You will conclude with me, my dear friend, that the source from which the cause of the blennorrhagia has been taken, cannot give a great value to the diagnosis.

I shall not return to what I have said of incubation as a means of diagnosis. The chancre of the urethra is sometimes developed very quickly, and can furnish pus at an early period. So that, far from considering the blennorrhagia as virulent which has taken more time to appear, it is the contrary that we must very often admit.

The *violence* of the blennorrhagia has been made a synonyme of the *virulence*. In truth it is just the contrary. As a general rule, it is those cases of blennorrhagia which are the least violent, the least painful, which ought to give us the most fear of the existence of a chancre in the urethra. The duration of the discharge is a sign not to be neglected. It is not the discharges the most tenacious which make us fear the existence of a chancre in the urethra. The nature of the secretion has great value when we know how to appreciate it. The secretion which is the result of an ulceration of the urethra, is much more purulent than mucous ; it is ordinarily sanious, rust-colored, and charged with blood ; the least pressure, moreover, upon the urethra, renders these characteristics very sensible. But to give to this symptom (the presence of blood) all its value, we must be certain that the patient has not previously used a caustic injection, that foreign bodies have not been introduced into the urethra, or that he has not had a rupture of the ca-

nal during chordée ; and that, moreover, the sanguinolent matter is not expelled with the last drop of urine, in which case it would be the sign of cystitis with vesical tenesmus.

I do not speak to you of the speculum for the urethra as a means of diagnosis of the ulcerations of this canal. It is an ingenious method, which has not given what it promised. It is sufficient sometimes to distinguish chancre, situated even at a considerable depth in the urethra, to cause the meatus to gape by stretching open the lips. Wedkind had thought that he found in the enlargement of the follicles in the neighborhood of the urethra, near the frænum, a symptom of virulence ; but these enlargements are generally only phlegmonous, and independent of every other complication.

The most important symptom consists in the engorgement of the canal, especially in the region of the gland, the most frequent seat of chancre in the urethra.

I have already said, that it is not so important to be able to state the presence of an ulceration, either by the aspect and the nature of the secretion, or by inoculation, as it is to know if one is concerned with an ulceration capable of determining the syphilitic infection. It is this that all authors have had in view, when they have spoken of virulent blennorrhagia.

Well ! as we shall soon see, it is the indurated chancre which is the fatal antecedent of the constitutional verole. Now nothing is generally more easy to prove than the presence of an indurated chancre of the urethra with symptoms of blennorrhagia. If a blennorrhagic complication does not exist, the patients scarcely suffer in micturition ; the jet of urine is generally twisted and troubled by reason of the diminution of the calibre of the urethra ; the erections are not painful, when the chancre is seated in the region of the gland.

In order to well ascertain the presence of these ulcerations, it is necessary to explore the urethra by the aid of pressure which is exercised from above downwards, from the dorsal face to the inferior, as when we wish to make the meatus gape. In exercising this manœuvre, we perceive a cord, more or less extended, that some writers on syphilis have designated under the name of *corde balanique*. It is easy to ascertain, in the greatest number of cases, the side of the canal upon which the ulceration is seated. Independently of the indurations plainly limited upon one side, we see that side form a convexity, whilst the healthy side separates in forming a crescent. When the pressure is exercised from right to left, nothing is felt, the induration ceases to be appreciable.

Doubtless the swelling in the region of the gland or of the follicles may be only the result of a simple inflammation without virulence ; but to complete the diagnosis we must have recourse to the accessory symptoms. Thus the affections of the glands are very rare in the blennorrhagia non-symptomatic of chancre. When they take place, as I have already pointed out, they are acute, terminate easily by resolution, or when they suppurate, it is simple pus that they furnish.

With the urethral chancre, dorsolymphangitis of the penis and the affections of the glands are much more frequent. If the chancre is non-



indurated, the glands suppurate almost inevitably, and when the seat of the pus is opened, the suppuration furnishes incontestable marks of virulence. In the indurated chancre of the urethra, which is the most important to recognize, the affections of the glands are inevitable and necessary; several glands are affected at once, and they remain indolent and do not suppurate—upon all which conditions, I shall have occasion to return hereafter.

Finally, if all these conditions have not been appreciated—if these signs have not been seized upon, either because we have arrived too late or because they have been overlooked, we can have the certitude, that if the patient has been attacked with blennorrhagia symptomatic of chancre, six months will not pass without the appearance of the accidents, if the constitutional affection has taken place.

We shall have next to examine whether, as a last resource, it is not better to wait this length of time to give a diagnosis, than to cause the patient to undergo, during the same period, a mercurial treatment which, after all, does not afford more certainty.

Yours, &c. RICORD.

#### MEDICAL STUDY IN PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Supposing an additional article in relation to methods of living, and convenient pursuit of studies in Paris, may be of use to persons who intend to make a short sojourn there, I herewith furnish such items as may facilitate the entrance of the medical stranger at once upon his pursuits.

Those who use the French language with facility will meet with comparatively few impediments; but a tolerable facility in reading and writing the language as taught by others than native instructors, will be of little use during the first few weeks. The author of the celebrated work on the heart (Dr. Hope), represents his first sojourn in Paris as inconvenient on this account. He was introduced to a lady of whom he expected to receive information that would facilitate the commencement of his pursuits; but after an unsuccessful effort at conversation, he was compelled to leave without being understood in the utterance of a single sentence. He immediately employed a teacher to call at his room, with whom he pronounced with great care, imitating every motion of the lips, and even the grimaces which so plainly distinguish the rapid pronunciation of this language from our own. In a few weeks he was able to repeat his visit, and engage in conversation with convenient facility. In the absence of ability to converse with ease, and even with this advantage, much time may be saved by seeking information from those residents of the city who are well informed in these matters.

From the kind and disinterested favors bestowed indiscriminately upon Americans, with a good general introduction, I take the liberty of advising persons to seek those favors from M. Luer, No. 17 Place de l'Ecole de Medecine, directly opposite the School of Medicine. His lady speaks several languages with almost equal facility, and their acquaintance with

the faculty of medicine and surgery, through his business (the sale of surgical instruments of unsurpassed workmanship), keeps them well informed of matters connected with the schools and hospitals.

If an immediate entrance upon anatomical and pathological pursuits should be desired, it would be well to call upon M. Guérin, at the Amphitheatre of Anatomy, at Clamont, a young surgeon, who has already been admitted to the Bureau Central, and whose ardent devotion to these pursuits renders him a competent adviser. He has charge of a section in this school, and was a visiter in La Pitié during the last summer's vacation.

Many may have been deterred from seeking instruction in these schools, from impressions with regard to the necessary expense of living in Paris. I shall describe a method usually adopted by students, although one may somewhat vary from it at pleasure.

It is not convenient in Paris to arrange for board and rooms, as is usually practised here. At hotels or other places where apartments (*meubles avec garcon*) can be secured, one is expected at some places to receive his breakfast at his Hotel, at others no meals are furnished, but at all it is the custom to receive meals at home or elsewhere as may be convenient. At one Hotel, occupied mostly by students, near the palace of the Luxembourg and the Odeon, apartments can be hired from fifty down to fifteen francs a month. Most American students would choose those for which from thirty to forty francs is charged. This, with other expenses to conform, would make the actual expenses of each day four to five francs. This may, with the most rigid economy, be considerably diminished. I would not represent that this is all the expense one is subjected to.

All the general hospitals and schools are open, free, to persons of every nation and creed, but the rules require that the visits be made with the chief physicians and surgeons, and not at other times. The internes (house physicians and surgeons) have charge in the intervals, and add to their small income by giving instruction to private classes. This is the most useful way to study disease, as each one who gives instruction in the wards does so in a particular department. Thus, typhoid fever and disease of the respiratory organs may be best studied in the wards of M.M. Louis and Chomel, going the round with the visiter in the morning, and with his interne at an appointed hour during the day.

The regulations at the Paris Hospitals require that a medical stranger shall present his diploma at the Bureau, when a card is received which secures the privilege of perpetual admission. A passport which certifies that the bearer is a physician, is generally sufficient. This kind of passport is often of much service in other places than those here mentioned.

C. B. CHAPMAN.

Madison, Wisconsin, Sept., 1852.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 13, 1852.
 

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*Ether Controversy.*—In the supplement to this Journal last week, the prefatory remarks were not written by the editor. The document was issued at the solicitation of one deeply interested in the subject, who furnished us the printed matter as it appeared in the Boston Transcript a few days before. We had not seen the introductory remarks, till our attention was called to them. We do not wish to be answerable for any statement or opinion, expressed or implied in them, respecting the ether controversy, except the belief that the supplement is a correct report of the debate on the subject in the United States Senate. As such it is interesting, but, as every reader is aware, not conclusive.

*Small Medical Classes.*—A gentleman from a medical school in the interior, which has been distinguished for its goodly number of students, says that it is unusually small the present season. He further observed that one of the faculty explained it by saying that the gold fever in California had drawn off the young men, and that all the schools will probably have diminished patronage for some years to come. This is agreeable intelligence. It is time the multitudes who have heretofore plunged headlong, as it were, into medicine, should be diverted to another channel, promising a better field for enterprise. The whole country is overstocked with physicians. They are too numerous for their own success, or for the people to sustain, at least so long as the latter also patronize every order and condition of quacks known in the land. Though the city schools may receive a larger patronage than the country institutions, it would not be surprising if they find some of the seats empty the coming term. There is poor, very poor encouragement for a man to qualify himself to assume the responsibilities of a physician, when he cannot compete with a fellow that proclaims himself a distinguished somebody, without the trouble of a day's study.

*Hydrophobia.*—In "Le Vigilant, Journal Politique, Commercial et Littéraire," published at Donaldsonville, La., it is spoken of as though it were a settled fact, that Dr. Page, of that town, has discovered a sure and infallible remedy for hydrophobia. Dr. Page is an occasional correspondent of this Journal, and if he has satisfied himself that he is as fortunate as the paper represents, it is quite certain that the profession will soon be apprised of it through a proper channel. Dr. Page is a native of Maine—a highly-gifted, industrious man, whose perseverance recognizes no limits to medical investigations. The editor closes his observations on this interesting subject, in the following words:

"Si, comme nous aimons à le croire, le remède dont il s'agit est infallible, le gouvernement français s'empressera de décerner à Mr. Page la magnifique récompense qu'il a promise à l'inventeur du moyen propre à combattre les hideux effets de l'hydrophobie, et (ce qui est infiniment préférable) l'habile médecin de la Louisiane aura acquis la gloire d'être classé parmi les plus illustres émules d'Hippocrate."

*Poisonous Straw.*—In New England, a favorite summer bed is made of straw. It is light, permitting a free circulation of air, and therefore is in general use. A gentleman informs us that his children and other members of the family have suffered intensely from an eruption produced by sleeping on a bed of this material, which seems to be poisonous. On examination, the cylinders of straw are found partially covered by green patches, something like mould, which under a microscope might turn out to be a vegetable parasite; but before a specimen had been subjected to the instrument, the wisp brought for inspection was lost. However, it does not appear to be a matter requiring any particular investigation, as in this instance the straw procured was from a stable where it may have been stored a long time, and gathered dampness. Those in the habit of using this article, should be sure of its being in a cleanly state.

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*Physician's Visiting List.*—Messrs. Blakiston & Lindsay, Philadelphia, have brought out this convenient pocket-blank memorandum for the coming year of 1853. It is almost indispensable to persons like ourselves, who are constantly forgetting where we have promised to be at some particular hour, the name of the person who borrowed a book, or the professional visits made in a day. There are leaves labelled at the top—giving appropriate places for memoranda of every kind, and other conveniences which an every-day practitioner would prize exceedingly.

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*Moral and Religious Lectures for Students.*—The Philadelphia Medical and Surgical Journal says that arrangements are being made by the Medico-Chirurgical College of that city, for a course of moral and religious lectures, to be delivered before the medical students residing there for scientific instruction. Distinguished divines take upon themselves the labor of carrying on the work, which has the best wishes of all good people.

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*Practice in Philadelphia.*—From the Philadelphia Medical and Surgical Journal, the following extract is taken.

"Two-thirds of the practice of medicine in Philadelphia, even among those who pay for everything else, is done gratis; and not unfrequently insult is added to injury. This is due to the crowded state of the profession, and to the *mock charity* inculcated by many of the public teachers. The average fee in our city for medical attendance *paid*, does not exceed *twenty-five cents a visit*."

Perhaps some one, more familiar with the phases of professional income in Boston than ourselves, may favor us with a statement of the profits of practice here. Some certainly have large incomes; while others, whose merits and qualifications cannot be questioned, have none at all.

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*Extraordinary Case of Hydrocephalus.*—A post-mortem examination was made (by order of the coroner in London, on the 5th of Sept. 1852), of the body of Joseph Devine, aged 14 years, found in the Regents Canal, having fallen into the water while being attacked with a fit. The head measured twenty-seven and a quarter inches in circumference; seventeen and a half inches across the top from ear to ear; nineteen and a half inches, from the nape of the neck, up the centre of the back over the crown to the junction of the eyebrows; eleven and three-quarter inches



from one parietal bone to the other. The skull was as thin as that of a child two years old, and the sutures were open like those of an infant, never having closed. When punctured, upwards of five imperial pints of water escaped from it, and the substance of the brain itself weighed three and three-quarter pounds. With the exception of the celebrated case of Cardinal, who lived till the age of thirty-two, it is the largest head on record.

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*Mysterious Agents.*—A pamphlet has been published by Redding & Co., Boston, which is probably designed to explain the phenomena of spiritual rappings, but it is too learned for the occasion. The title runs thus, "Philosophy or mysterious agents, humane and mundane, or the dynamic laws and relations of man, embracing the natural philosophy of phenomena styled 'spiritual rappings.' By E. C. Rogers." This is No. I., and five more are to come. Perhaps a gleam of light may break forth before the series is completed, but we confess ourselves wholly unable, thus far, to comprehend the arguments of the erudite author.

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*Proposed Works.*—We are informed that the manuscript volume referred to some months since, written by Dr. Tracy, of Windsor, Vt., formerly of Worcester, Mass., will be published by Messrs. Jewett & Co., of Boston. A well-written popular treatise on the diseases of children, by Dr. Reynolds, of Cambridge, late of Gloucester, Mass., must be nearly ready for the compositor. Publishers are not as ready to take hold of professional works, as those of fiction. The former are represented to drag slowly through an edition. However, they occasionally make a mistake in rejecting a manuscript. A mere bookseller cannot always be a competent judge of what is proper or improper for professional readers. The idea of turning over two or three hundred sheets, without reading a word, and saying authoritatively that it is or is not wanted, is ridiculous. Learned men are obliged to bear such criticism, as often as otherwise, from persons who have not a particle of knowledge upon the subject they imperiously decide upon.

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*Friendly Injury.*—In the Bee, of this city, the following statement appeared the past week:—"A suit was lately brought in Barnstable county, which grew out of the simple act of shaking hands. The defendant, it appears, seized the hand of the plaintiff to shake it, and in doing so he grasped it so tightly as to crush the bones and thereby cripple it forever. The hand became ulcerated, and many of the bones have been discharged from the wound. The result of the trial is not yet heard."

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*Nees Von Esenbeck's Herbarium.*—This rich collection is at present for sale at Breslau, and contains 340 volumes, arranged according to Linnæus's system. Each volume presents from 100 to 120 species, and there are plants from the East Indies, the Cape, Australia, and tropics, the collection of the latter being especially rich. There is also a volume of Brazilian plants, which are not yet classified, five volumes of "plantæ Whightianæ," and three volumes of Japanese plants. Each volume is offered at a fixed price, which varies according to its especial and relative value. The whole collection will amount to about £2800, so that the average price of a volume is about £4.—*London Lancet.*

*Memphis Medical Recorder.*—This is a new bi-monthly medical journal, issued by the Medical College of Memphis. Of course, the faculty are conjoint editors. No. 2 has been received, which may be presumed to be a fair specimen of the coming series. The leading article, on vital statistics, shows what the writer thinks ought to be done at Memphis in regard to collecting the statistics of the dead, &c.

*Sulphate of Quina in Typhus Fever.*—Dr. M'Evers, Physician to the Cork Fever Hospital, Dublin, has an article in the last Dublin Quarterly Journal on the treatment of typhus, from which we copy the following introductory paragraph.

"The treatment of typhus fever introduced into practice by Dr. Dundas, and to which I propose to call attention in the following observations, consists in the administration of sulphate of quina in doses of ten grains, repeated every two hours, until dizziness of the head or tinnitus aurium shall be produced; or, should these evidences of the curative effects of the remedy not occur, the medicine is continued until a general amelioration of the state of the patient takes place—broth and a small quantity of wine being allowed, purgatives, or even aperients, not being deemed necessary during the treatment. When the dizziness or the tinnitus are very urgent, Dr. Dundas resorts to an emetic, which, in my own practice, I have not made use of: he also states, that if emetics are had recourse to at an early period, the quina is more likely to be successful. This treatment is resorted to in all stages of the disease, and frequently in the advanced periods, under circumstances which would be considered by the experienced physician as indicative of the worst form of typhus fever; and this mode of administering quina is almost invariably attended with the happiest results."

*Mineral Springs.*—Dr. John Bell (Philadelphia), who is preparing a work on mineral springs, more especially on those of the United States, is desirous of procuring, at an early day, all accessible information on the subject. With this view he requests his professional brethren to transmit to him all the facts in their possession which may throw light on the chemical composition and curative powers of the waters of the springs in their respective neighborhoods.

Proprietors of these waters would oblige by sending to Dr. Bell authenticated accounts on these points, and also of the topography of the springs, and the roads by which they are approached.—*Med. Examiner.*

**ERRATA.**—We regret to find that several important typographical errors have recently occurred in our pages. Correspondents are requested to write as distinctly as possible. When this is done, we can in ordinary cases furnish correctly printed transcripts of their papers. On page 139, line 14, for "mere" induction read new induction; page 140, line 36, for "respire" read aspire; page 142, line 37, for "same" plant read cane plant; page 194, line 24 from bottom, for "Anadilla" read Unadilla.

*Deaths in Boston*—for the week ending Saturday noon, Oct. 9th, 89.—Males, 46—females, 43. inflammation of bowels, 2—burns, 1—disease of brain, 1—inflammation of brain, 1—congestion of brain, 1—consumption, 13—convulsions, 3—cholera infantum, 5—cholera morbus, 1—cancer, 1—croup, 4—dysentery, 9—dropsy, 1—dropsy of brain, 2—drowned, 1—exhaustion, 1—bilious fever, 1—typhoid fever, 2—scarlet fever, 4—hooping cough, 3—disease of heart, 2—intemperance, 2—infantile, 5—influenza, 1—inflammation of lungs, 1—liver disease, 1—marasmus, 3—disease of kidneys, 1—old age, 1—pleurisy, 2—rheumatism, 1—puerperal, 3—spine disease, 1—scrofula, 1—suicide, 1—teething, 3—unknown, 3.

Under 5 years, 43—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 9—over 60 years, 6. Americans, 41; foreigners and children of foreigners, 48. The above includes 6 deaths at the City institutions.



*Influence of Climate upon Consumption.*—The value of removal to the south, of persons affected in the northern states with consumption, has been heretofore very generally admitted; but it is now asked whether much, if any, advantage is to be derived from spending merely the winter months at the south and returning to the north in the spring—and it is added that if a temperate atmosphere be all that is needed, this may be obtained in New England by means of a well-regulated system of artificial heat. We believe it to be an error to suppose that the southern states owe their immunity from phthisis pulmonalis alone to the mildness of their winters. If such were the fact, all temperate climates ought to be equally exempt, and all cold latitudes alike unfavorable. Yet phthisis is much more common upon the sea-board and in the mountainous districts of the southern states than at intermediate points, and it is comparatively rare in the northern portions of Canada and Russia, whilst it makes frightful havoc in milder England, France and our northern states.

That a temporary sojourn in the southern states is advantageous, we doubt not; but that a permanent residence here is still more so, we feel quite certain. Every practitioner of experience and who is acquainted with the means of accurately determining the state of the lungs, must have often observed how wonderfully large abscesses will heal here, which would have certainly proved fatal in a less genial clime. The writer knows persons in this state who had tubercular abscesses as long as twenty years ago, which healed kindly, and have left them ever since in the enjoyment of apparently good health. That all are not equally fortunate is too true; yet we feel assured that it is only by remaining in the south, both summer and winter, sufficiently long to acquire the peculiarities of a southern constitution, that lasting benefit may be expected. The best locations are obviously those in which the disease *originates* most rarely, and these are unquestionably to be found midway between the mountains and sea-board.—*Southern (Geo.) Medical Journal.*

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*Medical Miscellany.*—David Phelps died at Duxbury, Mass., recently, at the great age of 105.—A singular mistake is represented to have been recently made by an aged lady, in taking mild pills that did her excellent service. Having put them in a saucer on a shelf, whenever her case required a dose she by mistake swallowed some glass beads that happened to be in another saucer, and was cured before the error was discovered.—It is supposed that more than 400 deaths occurred by cholera, at Rochester, N. Y., the present season. It was on the increase a week since at Chambersburg, Penn.—Some stir has been made about an epidemic at Norfolk, resembling yellow fever.—Smallpox has appeared at North Providence, R. I.—The public health at Kingston, Jamaica, is now improving. Smallpox lingers, however, in the country villages.—Yellow fever and smallpox, imported from Demerara, are sweeping off the people at St. Thomas alarmingly.—Dr. Allen, of Northfield, Mass., is in jail at Greenfield, for stabbing a man.—Mrs. Lois Peck died at Hamden, Conn., aged 100 years 8 months and 6 days. Her descendants are 138.—Believers in spiritual rappings are running mad in Boston, as in many other places. It is becoming extremely lucrative business to the mediums, usually young ladies, who are turning their rapping talents into dollars very rapidly.—Dr. J. Lawrence Smith, now a Professor in the University of Louisiana, has been chosen Professor of Chemistry in the University of Virginia, vice Dr. Rogers resigned.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## FILLING TEETH OVER EXPOSED NERVES.

[Communicated for the Boston Medical and Surgical Journal.]

No subject in operative dentistry has more earnestly engaged the attention of members of the dental profession, for a series of years, than filling teeth after their nerves have become exposed. This is owing to the frequency of the occurrence and the uncertain results which flow from it. That the teeth exert an important influence over the animal economy—that their appropriate functions are necessary to a healthy nutrition and assimilation—that a disturbance of these functions leads to a derangement, more or less, of parts intimately associated with and dependent upon them—that their preservation is requisite to a perfect intonation and modulation of the human voice, are physiological facts which need no argument to sustain them.

So marked is the sympathetic influence of diseased teeth upon adjacent organs, and parts more remote, that it is a universally conceded point among well-informed dentists, that he who can most effectually counteract it and restore their impaired functions, confers a larger benefit upon the community than the merely *mechanical* dentist; and that it is the duty, therefore, of every operative dentist, in the exercise of his professional skill, to study carefully, both the physiology and pathology of these important organs, in order that, to their various forms of disease, he may be able to make appropriate applications. Formerly, by some of the most eminent physiologists, the teeth were considered as isolated bodies, having little connection or sympathy with the general system; but modern investigation, and the improved methods of treatment, have elevated the science of dentistry, in the true sense of the term, to a specialty in medicine.

The operation of filling teeth when there is little or no sensibility, is mainly mechanical, and may be done by persons of fair mechanical tact who have not received a medical education; but when their sensibility becomes exalted or their lining membranes exposed—when their diseases become complicated with those of other tissues, compromising the general welfare, it becomes a matter of deep interest to the patient, and calls for discrimination and decided action on the part of the operator.

Much has been written upon the subject of exposed nerves, and va-



rious modes of treatment have, from time to time, been resorted to, such as the application of astringents, caustics, the use of essential oils, destroying them with arsenic, &c.—capping them with lead, tin or gold plate; but all of these have been tried with ill success, in numerous instances, greatly to the discomfort of patients and the vexation and disappointment of dentists. Nevertheless, to meet the desires of their patrons, dentists are often obliged to adopt some one or more of these modes, with little hope of ultimate success.

Arsenic, although the most efficient and certain means of removing the sensibility or destroying the nerves of teeth, is not free from objections, in that it seems not well adapted to certain temperaments, being sometimes absorbed by the dentine and the surrounding tissues, producing an inflammation, extending to the peridental membrane—causing a slough of the gum, an exfoliation of the alveolar process, and the removal of the offending tooth. Such results, though seldom, have been known to take place where arsenic had been employed even in small quantities, but may have been owing, in part, however, to the difficulty of retaining it within the cavity. So weighty are these objections, in the minds of some dentists of acknowledged reputation, to its employment, whether alone or in combination with anodynes, that they seldom use it in their practice.

The absorption of arsenic, producing death of the nerve, leaves a *poisoned* wound, with a bloody discharge, which must be healed, and anastomosing vessels formed, before the tooth can be filled with even *comparative* safety.

But another and somewhat serious objection to the use of arsenic, lies in the fact that the roots of the teeth, which have been filled after the destruction of their nerves, often become diseased from morbid effects produced by it, requiring extraction within a few months, or, at farthest, a year or two, notwithstanding the filling remain sound. In some instances, too, after the loss of vitality from the use of arsenic, the teeth become discolored, presenting an *extravasated* appearance, which, in a *frontal denture*, greatly mars its beauty.

With the idea of remedying these defects to some extent, of substituting a *healthy* for a poisoned wound, of retaining, to the fullest degree possible, the vitality, life-like appearance, and unimpaired functions of the teeth, nearly two and a half years ago I instituted a surgical operation which had been in contemplation for several months.

CASE I. June 5th, 1850.—The left superior central incisor tooth of Miss H., and the *modus operandi* as follows. Having wounded the nerve in preparing the cavity for filling, about an eighth of an inch from the margin of the gum, with a small, sharp excavator I made a straight puncture through the alveolus to the fang directly opposite its centre; then, with a drill about the size of the nerve, I drilled through the fang to the nerve, which, in this case, being small, was entirely amputated. It was the intention to amputate the nerve with a suitable instrument, in case it were not done by the drill. All sensibility between the opening and the pulp being cut off, the tooth was filled in the usual manner and without pain. It is important that the puncture be made directly over

the centre of the tooth and *through* the alveolus, to serve as a guide to the drill, otherwise the object may be defeated without enlarging the opening more than is necessary. The drill should be worked slowly, removed often, and the point dipped in water to prevent its becoming heated; if not, it will cause pain and slight inflammation. The head of the drill should be about the size of the nerve, if amputation be contemplated, a little larger than the shaft, in order that the bone-dust or drillings may escape freely, flattened, and the point sharp and properly tempered. The shaft should have its temper drawn nearly to the head, so that, should the patient start suddenly, it may bend rather than break. For this operation, one of Babbett's spiral drill-stocks is far preferable to the bow, it being more firmly held by the operator and less liable to slip. After drilling, the bone-dust should be entirely removed from the wound, otherwise it will not cicatrize readily.

October 1st, nearly four months after the operation, the patient called again to have other teeth filled, and reported that there had been no pain, nor but little soreness, and *that* where the gum was punctured. An examination proved what was anticipated at the time of the operation, viz., a re-union of the divided nerve, showing that the recuperative energy of the nervous system exists, as well in the teeth as in other organs. Examinations have shown, too, that the nerve sometimes becomes ossified so as to prevent the introduction of a small instrument into the canal through the opening made by the drill. This tooth presented a natural, healthy appearance, free from discoloration, and in all respects was as serviceable as before it was filled.

CASE II. June 6th.—J. C. Teeth operated on—the right superior canine and two bicuspid. On finding their nerves exposed, and having amputated the nerve of the cuspidatus, a query arose as to what should be done with the bicuspid having *two* nerves. After a moment's reflection, the drill was carried deeper, cutting off both branches, and the teeth filled without pain. The patient was requested to call and report the case, which he did the third day after, by saying—"all right." On examination, the teeth and gum presented a healthy appearance, the cicatrices being scarcely visible. He promised to inform me if the operation did not prove successful, but has not been heard from.

Having treated a few cases in this way, I determined to go a step farther—after amputation, to remove the pulp from the nerve cavity. This was done in several instances, the result of which in every case, so far as known, has been as successful as when the pulp was allowed to remain. In cases where the pulp is removed, the teeth are not sensible to impressions from heat or cold.

But the inquiry extended still farther—to the molar teeth having two, three, and sometimes four branches of nerves, and situated so far back in the mouth as to be difficult of access. It was readily seen that this class of teeth, from their position and the number of their fangs, each having a nerve, could not be subjects of this operation as performed on the other teeth. This suggested another experiment—that of drilling into the nerve cavity under the festoon of the gum, wounding the pulp as little as may be, then to cover the exposed part with a pellet of



gold made flat and hard, so as to prevent pressure, and leave the result to the *vis medicatrix naturæ*, and for whatever treatment the case might require. This was attended with a result satisfactory to the patient; all that was done being to penetrate the chamber of the tooth to serve as an outlet for the escape of pus, should inflammation and suppuration supervene.

Having treated a molar tooth successfully, and besides, amputation of the nerve, either with or without removal of the pulp, especially in bicuspid with two branches, in some instances requiring considerable time, and being somewhat painful to the patient and difficult for the operator, it occurred that drilling a little nearer the margin of the gum, so as, in a bicuspid, to strike the outer branch near the pulp, slightly wounding it, would effect the desired object.

This operation being more expeditiously performed, and with much less pain to the patient, since its successful employment cutting off the nerve has been practised in but few instances. After having operated in about forty cases, embracing the different classes of teeth, with results far better than had been anticipated, without the loss of a tooth, so far as known, some six months after my first experiment, I communicated the idea and method of operating to a few friends, with the request that they would carry it out in their practice, and report their success. This several of them have done, and so fully does it correspond to my own, as to challenge a comparison between this and any other known method of filling teeth after their lining membranes become exposed.

There are instances in which amputation may be resorted to in filling teeth when their nerves are *not* exposed. Every operative dentist is familiar with cases, where the teeth, for instance the incisor and canine, are superficially decayed, but whose sensibility is too much exalted to allow of the removal of the caries preparatory to filling, unless it be in some way reduced. The common mode of doing this is to apply a little arsenic and cover it with wax, and repeat the operation till the object be accomplished.

A case of this kind occurred Feb. 13th, of the current year, in a lady having six upper and three lower front teeth to be filled. In all of them the sensibility being too acute to admit of the operation, chloroform was administered and three of the nerves cut, after which the teeth were filled without pain. Eight days after, Feb. 21, three others were served in the same way, and on the 28th of the same month the remainder were filled. April 22d, several of the same teeth required filling in other places, when it was found that the nerves had re-united and the sensibility returned, though not in a degree to require a second amputation. In this case, for several weeks, there was considerable soreness and slight tumefaction of the gum about the place of puncture, as not unfrequently happens in strumous habits. This patient remarked that she had a "scrofulous temperament, and that a wound of any kind was a great while in getting well."

Whenever the gum assumes a fungoid appearance, nitrate of silver may be applied with benefit. It has been observed that there is less swelling and soreness in those cases where the opening was made under

the festoon or margin of the gum, than when made through it, or by raising a small flap before drilling.

Having subjected between two and three hundred teeth to various experiments, with the loss of one tooth only (the inferior right second bicuspid), the method which I prefer and generally practise, is, to insert the drill under the edge of the gum where the enamel terminates, and barely make an opening to the nerve (with a smaller drill than is used for amputating), wounding it as slightly as possible; then, to protect the exposed nerve from pressure, and plug the tooth in the usual manner.

Without going further into detail, I herewith submit the subject to the medical and dental profession, trusting that it may receive a thorough and candid investigation.

S. P. MILLER.

Worcester, Oct. 4th, 1852.

#### DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 212.]

THE same remarks apply, though not with the same force, to the vaginal leucorrhœa. Here we have a vascular membrane in a state of irritation and congestion, pouring out from its surface a quantity of fluid which must have a very direct effect in relieving the vessels. To leave these vessels in their full condition, and at the same time essay to prevent the drain, would be bad philosophy, and the speedy induction of acute vaginitis that we have witnessed as the result of such efforts, has since ever made us cautious on this point. Proceeding upon the above views, our course has been not to concern ourself about the leucorrhœa in the commencement of the treatment, but to wait for the indications of a return to health of the uterus itself. In many cases the other will disappear. In some instances, however, the drainage may be so profuse as of itself to be a great obstacle to the recovery of the patient on account of the debility it produces. In such, as in the others, we essay to relieve the condition causing the flow, but we do this by more direct means. The most efficient of these we have found to be injections of warm water, made two or three times a day. Trial by the individual will give the best indication of the precise temperature to commence with, which in most cases, it will be found, can be gradually lowered with advantage until the water used is positively cold. In other words, as we relieve one symptom, we go on to attack another—the want of tone in the parts—by a powerful tonic.

Frequently, even when the original offending condition is removed, the leucorrhœa is still perpetuated, either by the want of tone just mentioned, or by what is called, for want of a better term, habit—instances of which we often see in chronic inflammation of any of the mucous membranes. In these cases an interference or assistance is legitimately called for, and tonic and astringent injections become highly useful. Cold water is the simplest of these, but not always applicable; we have had it in one case produce violent neuralgic pains all through the pelvis. The vegetable and mineral astringents have both been largely



used, and are probably equally extolled; but what experience we have had induces us to give preference to the latter.

Of the former, oak bark—rhatany, either in the root or in the extract—catechu and kino, used in the form of decoction or of diluted tincture, are all highly recommended, and we have never had reason to think one superior to the others. Of the latter, alum—aromatic sulphuric acid—the sulphates of iron, of copper or of zinc and nitrate of silver, are the principal; indeed, all that we can have need of. In ordinary cases, the astringent we commence with is a decoction of an ounce of white oak bark in a pint of water, using it twice a-day. To this, as the parts get accustomed to it, may be added a drachm of alum. As with all such remedies, one should not be used too long, but a change should be made at the end of a week or ten days, and some other astringent substituted. As we often find, in treating chronic indolent ulcers, that a powerful remedy in time loses its efficacy, and a change even to a much milder one is beneficial; so in treating leucorrhœa, we find that it is better to go backwards to a less powerful astringent, than to continue to use one too long.

Among the mineral astringents, the aromatic sulphuric acid pleases us most. It should be diluted until it is about as acid as ordinary vinegar; but if on trial it produces no bad effect, the strength may be very gradually increased—say as far as two or even three drachms to the pint of water. The solution of nitrate of silver we have only used when there was, in addition to the leucorrhœa, an irritable or sensitive condition of the lining of the vagina. We found it then, after prefacing its use for a week or ten days with warm water, to be very efficacious, while other astringents irritated. The strength in which it was used was four grains to the ounce of distilled water. The particular application of the other astringents we leave to the judgment of the reader, based on the well-known properties of the article, all familiar, and the demands of the individual case.

For injecting fluids into the vagina, many syringes have been invented—most of them objectionable. The common female syringe—a cylinder of uniform diameter and perforated with holes at the end to be introduced—is faulty in size. If made to hold much, it is too large to be readily introduced. The body of the syringe being introduced, it is very inconvenient to push the piston up; and when the latter is of glass, it is very apt to be broken off. When the syringe is of glass, it is of course fragile, and it must be managed with great care that it may not be broken while using it. Pewter ones are acted upon by mineral solutions, and of course will not answer in using these. Where it is desirable to use a continued stream, as is often the case with warm or cold water, Dr. E. Kennedy [Dub. Quar. Jour. of Med. Sc., Feb., 1847] offers an instrument which seems well contrived for the purpose. It is in fact nothing more than the common force-pump injecting instrument, with a rose nozzle fitted to the end of the elastic tube, which also passes through a piece of India rubber some two and a half inches wide, four long, and a quarter of an inch thick, to apply over the external parts, and retain the fluid a little longer than otherwise would be possi-

ble. As excellent as this adaptation really is, it would be unnecessarily complex for any but the above-mentioned cases—though the India-rubber plate might be adapted with advantage to any syringe.

The syringe to which we give the preference, is the India-rubber bottle fitted with an ivory tube, having a small ball at the end perforated with fine holes. The bottle is filled by compressing it, putting the end of the tube into the injection fluid, and suffering the bottle to expand again; it should therefore be just so thick as to keep its shape when empty. Thicker than this, it is not emptied readily; thinner, it does not expand and fill itself. The great advantages of this injection apparatus, are, its perfect simplicity of construction, the facility with which it is used and also kept clean, its quality of resisting the action of all fluids, and its durability—not being liable to be put out of order or to be broken. The only improvement we could suggest to this is, that the ivory nozzle might be connected with the bottle by an elastic tube, say six inches in length—and, instead of the bottle being fitted to this last by a screw, the connection might be made by a short ivory-mouth piece, accurately fitted with a ring of the same material on the tube. With this, the bottle could be readily detached and re-charged as often as necessary, without disturbing the nozzle when introduced, thus having all the advantages of the force-pump arrangement just described, but none of its complexity.

The rectum is another organ in the immediate neighborhood, which requires a large share of attention in the treatment of uterine displacements. As we have already mentioned, before any attempt to reduce the displacement it must be thoroughly emptied. But this is only a beginning. It must be *kept* as empty as is consistent with the general comfort and health of the patient. This we have already anticipated in our mention of the causes of these affections. How to effect the desired end in this particular, we leave for the most part to the reader. The indication is a very simple one, and the means should be equally simple—avoiding of course everything that is unpleasant in itself and therefore liable to be neglected by the patient; and also everything which might prove irritating to the parts and thus increase somewhat the trouble already existing. With some, we have found injections of cold water answer admirably; with others, powdered senna eaten at bed-time in a fig suits very well, both as regards the method of taking it and the effect. Rhubarb root, chewed in such quantities as trial has shown to serve, is also very convenient. Whatever the means be, thoroughness and gentleness should be its characteristics. One formula which we think it well to offer for this purpose, is as follows—*R. Pill. Rufi, pulv. rhei, āā ʒj. Mix and make into 24 pills.* The dose is from one to four of these, taken at bed-time. The particular excellence of this compound is that the aloes it contains is a sufficient quantity to produce a thorough evacuation of the rectum without irritating that organ; and from the well-known tonic properties of the ingredients, the bowels are often strengthened so as to act without any aid. We may add that we have seldom found these pills to act at all harshly.

Having gotten the organ back to its proper place, the next thing is to



keep it there. To be sure, the means we have just been recommending for restoring it and the neighboring parts to a healthy condition, all tend mediately to this, but we want something more direct. Position is of itself in most cases sufficient—keeping the patient on the back ; and Dr. Godefroy, of Rennes, reports [Lond. and Edin. Monthly Jour. of Med. Sc., March, 1842] two cases of anteversion which were cured by this means alone. But however excellent in the abstract, it is unfortunately greatly inapplicable in the actual. The objections to its use are several. The most prominent one of all, is the inability of getting any woman, born in New England, to lie long enough in bed, unless otherwise physically incapacitated from getting out of it. Even if the disposition existed, there might be other reasons why it could not be carried out. Time is money with most ; and besides, there are certain duties and cares of a domestic nature, which must be met personally, and for which money cannot buy a substitute. As efficacious, therefore, as rest is, we not only cannot use it often to our advantage, but, on the contrary, we have to contend not solely against the disease, but also against bodily exertion, the result of the habits or of the necessities of the patient.

Various mechanical contrivances have been made for the purpose of retaining the uterus in situ. Some of these—pessaries—are introduced into the vagina. Others, called abdominal supporters, uterine trusses, &c., are worn externally, acting of course by pressure through the abdominal walls, or on the perineum.

Pessaries have for the last fifty years been greatly relied upon as a remedy for uterine displacements, particularly for prolapsus ; and to adapt them more perfectly to that use, they have been very much varied in the material of which they are composed and in their form. The first conception of a pessary was that of a body of such a size, that, when introduced into the vagina, it would not only retain its situation there, but do this with sufficient firmness to support upon it the uterus tending to prolapse. With this view it was made of some material which could not be affected by the fluids that it might be brought into contact with—hard wood, sponge, ivory, gum elastic, silver, and, lastly—the suggestion, we believe, of Dr. Hopkinson, of Philadelphia—of glass. To dispose of the merits of these various materials is not difficult, and we will do it at once. Glass is fragile, unless thick and heavy, and then should be carefully annealed, otherwise the shape into which it has to be blown, to serve as a pessary, will dispose it to break readily. The results of such an accident seem likely to be too severe to run any risk. Wood, no matter how hard and dense, will in time be acted on by the fluid, and its surface undergoes a sort of erosion. We have seen this in box and *lignum vitæ*, but have never tried ebony. We should, however, discard all. Gum elastic serves well as far as its resistance to the action of the fluid goes ; but it is difficult to get them made of such shape and size as may be required, and when once moulded, they cannot be altered in the slightest particular. Sponge has the advantage of being compressed so as to be introduced readily, but has of course to be replaced very frequently, and even then is apt to irritate the parts in contact with it. Silver, of all others, is the best, taking material solely in

view, particularly when it is gilt. But it is expensive. Ivory, in most cases, using the pessary as we do, is perfectly sufficient in its resistance to the action of the secretions. It has the great advantages of cheapness and of being very readily shaped in the lathe or by hand to precisely suit any particular case—this latter is very great.

In shape, with the simple intent above mentioned in view, the pessary was a disc with very thick edges where it bore against the walls of the vagina, and having the upper surface concave so as to receive the lips of the uterus. It had also a hole through the bottom of this concavity to give vent to the uterine secretions. It was oftenest circular; though, to meet the views of some, ellipsoid in shape, the antero-posterior diameter of course being the longest one. In England, spherical ones were at one time greatly lauded and used, but with what particular end in view we cannot imagine. It is evident that the uterus could not so readily be sustained upon a convexity, and the shape would fit the instrument to slip down too readily. Besides which, unless drilled in every direction, so that whatever portion happened to be uppermost, the fluids could escape through it, these must collect in some degree behind it.

This is the pessary contrived with the single intent above mentioned. In many instances the pressure above is too great to let it avail even when increased in size to the utmost, an increase which it is evident must be limited after a certain point, both on account of the difficulty of introducing it, and of the disturbance a too bulky body might cause when introduced. Besides which, exercising the distension that it does and must do, it only remedies one evil by substituting another, and never effects a cure. It also sets up a great deal of irritation, accompanied with profuse leucorrhœa, sometimes with ulcerations, putrid discharges and fungous growths. It is apt, too, to make the bladder irritable, and to cause costiveness and embarrass defæcation.

On account of these obvious objections, several pessaries have been devised with a view to avoid them. The body of the instrument was made smaller, and to keep it in its place it was mounted on a stem, passing down the vagina and supported externally. The particular form of the stem, and the method of attaching it to the disc, have been varied with a view to convenience, &c., but the principle is just as stated. Recamier invented one with an elastic stem, which he thought would present an advantage in yielding to any accidental jar or motion of the body. Hervey de Chegoigne, besides mounting the pessary upon a stem, still further adapted the stem and the upper part of the instrument itself to the form of the neighboring organs, so as to embarrass the latter as little as possible, and to produce a more equable operation of the sustaining force. For retroversion of the uterus, for instance, he thickened the posterior edge of the disc, and thus more effectually canted the organ forwards than could be done by one of more uniform thickness. [De quelques déplacements de la matrice, et des pessaires le plus convenables pour y remédier. Dans *Memoires de l'Acad. Roy. de Med.*, 1833, tom. ii., p. 319. A fair abstract of the paper will be found in the *Gazette Med. de Paris*, Jan., 1833.] The cases given with the memoir are not only interesting themselves, but are illustrative of an important



fact, viz., that we cannot use any pessary under routine direction. We must adapt the instrument in size and shape to the particular case, and cases vary so much as to make it useless to enter into a disquisition on the advantage of one precise form over another. Each may suit in some particular instance—all may be equally inefficacious in some. In other words, in adapting the shape of a pessary, it has to be done by the requirements of the case in hand, and the physician has to depend rather upon his mechanical tact than upon any rule or direction that can be given him. We therefore abstain from any further enlargement upon this part of our subject, although it has stimulated the inventive talents of many, and afforded employment to the pen of Jules Cloquet [*Dict. de Med.* in 30 vols.], of Gerdy [*Traité des Pansements*, 2d edition, 1839—*Des Pessaires*, t. ii., p. 57], of Rognetta [*Remarques Nouvelles sur les Pessaires en Caoutchouc, &c. &c.*, *Gaz. Med. de Paris*, Juin, 1834], of Duges, of Desormeaux, and of a host of others in advocating the merits of particular curves, concavities, &c.

We must notice, before going further, the dispute between Duges and Hervey de Chegoigne, as to whether the uterus should be supported by the lower extremity, or whether this, as the latter insists, is apt to irritate it, making it more proper to sustain the organ by contact with its body. We have been unable to find anything to support the views of M. de Chegoigne, and we must therefore be permitted to pass them by in spite of the attention they received when he first insisted upon them with such urgency in 1833—an attention and an urgency which made us hesitate to leave them unmentioned.

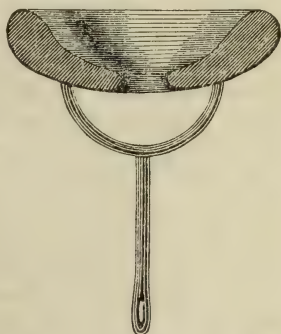
For anteversion and retroversion, Dr. Simpson, of Edinburgh, devised a pessary consisting of a slender stem of ivory, two inches in length, rising from the middle of a circular disc—the whole being mounted upon a wire supported by a perineal strap. The ivory stem is introduced into the uterus, after getting it into proper position, and by this it is kept from falling over. Of the effects of this pessary, Dr. Ashwell says:—“Two cases have recently come under my care, and I have heard of more, where the results arising from the use of this instrument have been very serious. Looking at it pathologically, I can scarcely imagine anything better devised for inducing disease. According to this practice, a piece of ivory two inches long is to be introduced into the uterine cavity, and its bearing must of necessity be on some part of the lining membrane, a surface ill adapted to support the pressure for two or three months together of such an instrument. \* \* \* In both, the speculum showed that abrasion of the os and the ostium vaginæ had resulted from the use of the so-called uterine supporter. \* \* \* Is there anything so serious in a retroversion or retroflexion of the unimpregnated uterus, as to justify a practitioner in running the risk of exciting peritonitis, cellular inflammation and abscess—injuring the structure of the womb—and enkindling desires, or implanting habits, which destroy purity of feeling and physical health? Our own conviction is, that this supporter will be found to create more disease than it cures.” One case, in which we tried it, supported fully Dr. A.’s opinion, yet friends of ours have seen

cases treated by Dr. Simpson himself very successfully with it. We should wish, however, better recommendations before using it again.

Dr. Simpson [copied into the *Am. Jour. of Med. Sciences*, 1849] and several others have advocated the employment of medicated pessaries, the first suggestion of which was probably given by Oslander, who used to support the uterus by inserting into the vagina a small bag filled with chippings of oak or other astringent wood. Undoubtedly, in their medicinal influence these would be an advantage; but we think this could be, on the whole, more conveniently obtained by injections, leaving for the pessary a more perfect material in other respects.

We find, both from publications on the subject, and from the verbal expressions of our friends, that, latterly, pessaries are not relied upon as they were formerly, either as a curative or a palliative means, nor resorted to as frequently in either capacity. This distrust in them and disuse of them is in perfect accordance with the views to which our own experience has led us.

In fact, in treating uterine displacement with a view to cure, we look upon the pessary as an assistant during the first periods of the treatment to relieve speedily an urgent and embarrassing difficulty—the disposition of the organ to descend. In using them, we feel that they should not further distend the vagina and embarrass the organs in the neighborhood; the pessary must therefore be as small as possible consistently with its furnishing the proper amount of support to the organ. To retain it in its place, as it lacks size for this, it should be mounted upon a stem and supported by a perineal strap. This is a satisfactory settlement, in our mind, of the question as to what kind of pessary should be used—one with or without a stem. As to the material, in ordinary cases we use ivory, of the shape here given in section. If the case is a peculiar one, and requires some particular modification of the instrument, gutta percha offers an admirable material, as under hot water it can be readily modelled to any shape desired. The stem is a piece of brass wire, having an eye at one end by which to attach it to the perineal strap, and at the other a semi-circular piece of wire by which it is attached to the pessary. The strap that supports it is buckled in front to a belt—is bifurcated in the perineum, and each end passes up backward to a button on the belt at each hip. At the bifurcation, a common button mould should be inserted, and to the material covering this, the end of the stem supporting the pessary is attached. The material for the belt and strap is common cotton or linen cloth, covered on the perineum with oiled silk—together a most simple contrivance, that any woman can make for herself. The pessary being very small, is readily introduced by the patient in the morning before rising, and removed by her on lying down at night, prefacing the insertion and following its removal with an astringent or tonic injection. This is the only pessary we would ever use, and we





only use it until our other remedies can restore tone to the parts concerned as well as to the general system, and enable these to do their work.

The only bad effect that we have found from the use of this pessary is, that the wire stem has in two cases irritated the neck of the bladder—though in one of these, there was a preternaturally irritable state of it, which had already required treatment. The fear of this, at the present moment, prevents us from using it in another case. Mr. Schofield, of Bradford, Eng., seems to have used one very similar, made of porcelain, with great benefit, but we do not know that it would have any advantage over the one described; and the pessaires "*a tige*" of Hervey de Chegoigne and others do not seem to be as simple.

[To be continued.]

### REMARKS ON CHLOROFORM.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

THE many unexpected deaths occurring under the use of chloroform and letheon have elicited much inquiry as to their cause. No satisfactory solution has been given. Undefined dangers, though trivial, are always more dreaded than greater when the means of avoiding the latter are known.

There is no evidence, or even probability, that fusel oil or any other substance, heretofore found in chloroform, can, *per se*, cause death when inhaled with the vapor of that article. The quantity would be too insignificant. But there is abundant evidence that carbonic acid gas will kill almost as speedily, if any cause prevents its excretion from the lungs, as if inhaled into those organs. Anything inhaled into the lungs in conjunction with the anæsthetic vapor, however simple and innoxious in its nature, may produce fatal effects, if by its bulk or tenacity or the re-action of its particles, the cavities of the bronchial tubes be so completely filled with it as to obstruct the exit of carbonic acid from the air-cells. The same effect is produced by the sudden extravasation of tenacious mucosities in the air-cells, tracheal passages or fauces, as witnessed in apoplexy, and asphyxia, from retention of carbonic acid, the consequence. When chloroform, adulterated with any other fluid, however innoxious it may be, is poured on such a heterogeneous substance as sponge, the different liquids are placed in a condition of repulsion, and have new and peculiar relations during the process of evaporation. Sponges consist of gelatin, of a thin brittle membranous substance like coagulated albumen, and some calcareous and adventitious matters. In chemical composition they resemble coral—particularly the horny stem of the *Gorgona Antiphates*. The sponge itself is only the skeleton or habitation of an imperfect zoophite.

I several times evaporated, from a clean surface and from raw cotton, chloroform, chloric and sulphuric ether, and observed the phenomena by one of Prof. Riddell's microscopes. Nothing unusual was witnessed,

the particles of vapor flying off from the evaporating surface being invisible. Different specimens of sponges were procured. Some contained coralliferous polypi; the smaller crustacea were contained in another specimen. Distilled water and sea water were both used to moisten some one or other of the specimens. They were then placed under the microscope, and chloroform added. A violent re-action was seen to take place on the evaporating surface, and large bullæ made their appearance, chained together by a tenacious web, dancing rapidly over the small area under observation. In some of the specimens the reaction between the chloroform and water was so intense, that one of the by-standers, the famous Prof. Forshey, whom I had not seen for months, happening to step into the laboratory at that moment, detected it with his naked eye. The same Prof. Forshey, some years ago, assisted me in killing alligators by putting a fence-rail down their throats, which we used as a lever and speedily induced asphyxia by compressing the trachea. The compression of the trachea, by preventing the escape of carbonic acid, soon deprived the blood of its vitality and the muscular system of its irritability; thereby stretching harmless at our feet those ferocious and powerful reptiles, which had defied the axes and bludgeons of a dozen or more negroes. On looking up and seeing him, the thought occurred to me, that what the fence-rail did for the trachea of the crocodile, an effusion of tenacious mucus on the lining membrane of the bronchial tubes, or the tenacious elastic particles which I saw playing on the surface of the wet sponge, might do for the fine air-tubes and inter-cellular passages, when inhaled into the lungs with the vapor of chloroform or ether.

If these views be correct, wet and impure sponge would be a very dangerous article to use as an inhaler; or any other substance containing a liquid which will not mix with chloroform—water being one. The experiments were made, supposing it possible, that if the chloroform were adulterated with an acid, nitrogen or carbonic acid gas might be generated in the inhaler, if made of impure sponge, in sufficient abundance to cause death when inhaled into the lungs. Although I did not find what I was looking for, I think it very likely that I found the cause of some of those deaths when the anæsthenic liquid, however pure it may be, is evaporated from wet impure sponges. Water dissolves the gluten in sponge, which the chloroform alone will not act upon. Hence, when poured on wet sponge, a sufficient portion of the glutinous matter may be carried by the vapor into the smaller ramifications of the air-conduits, to close the door upon the air-cells, and to prevent the extrication of carbonic acid after the inhalation is suspended. Some deaths have no doubt been caused by holding the substance, used as an inhaler, too near the mouth and nose; not so much by preventing the free admission of oxygen, as by the retention of carbonic acid. The continuance of the inhalation, without paying due attention to its effects on the respiratory movements and on the pulse, or to effusions, which may be taking place in the air-passages, is highly dangerous.

There is another danger in the administration of letheon and chloroform, which authors have omitted to mention, but which I have witness-



ed in practice. It consists in any impediment to the free play of the lungs by bandaging or tight lacing. When the pulmonary organs are impeded in their action by any mechanical cause binding down the ribs, the carbonic acid is expelled from them so imperfectly, that the inhalation of the anæsthenic vapor is attended with great peril. Some time ago, one of the best dentists in this city sent for me in an awful hurry to see a young lady of distinction, whom he was unable to arouse from a state of asphyxia, bordering on death, produced by the inhalation of letheon. I found her lying on the floor, apparently lifeless. In the midst of the confusion, screaming and wringing of hands of those around her, I immediately, without waiting to hear a word, split open a very tight corset in which the lungs were encased. It flew open with a *pop*, and the chest expanded several inches in circumference. Immediately the air rushed in, and respiration was re-established. Had the mere unbinding of the chest failed to put the pulmonary organs into play, I intended to have adopted the expedient of artificial respiration. There is no apparent reason why that measure should not be as effectual in resuscitating persons, under such circumstances, as it is known to be in resuscitating crocodiles, and in curing asphyxia caused by strangulation. John Hunter, long ago, proved by the most conclusive experiments, that a mystic union existed between the lungs and the heart. In his own words, he says—“*that a stoppage of the respiration produced a stoppage of circulation, and a restoration of respiration produces a restoration of the circulation. Thus in my experiment on artificial breathing, the heart soon ceased acting whenever I left off acting with my bellows; and upon renewing my artificial breathing, it, in a very short time, renewed its action.*” [Hunter on the Blood, with notes by Palmer, page 188. Philadelphia, 1840.] There is no authority in physiology, where matters of fact are concerned, higher than John Hunter. Yet there are those of the present day, who reject the important American discovery, that “the chief motive power of the blood is located in the lungs and derived from respiration” (first announced by Mrs. Willard of Troy), as an idle vision of the brain, mainly because a visionary physiology, teaching the monstrous absurdity that the cerebro-spinal axis is a species of mirror, has reflected out of their minds into dim obscurity, the solid truths recorded by John Hunter, as well as many of those lately revealed by the progress of the experimental sciences.

Every death from chloroform or letheon is an appeal to the profession to look into the merits of the new doctrine of the dynamic forces, which circulate the blood, for light on the *modus operandi* of anæsthenic agents, in order the better to guard against their fatal effects. In asphyxia from strangulation or from poisons, artificial respiration has repeatedly succeeded in restoring animation in many hopeless cases, not only in the present age, but in previous ages. Anæsthesia from chloroform differs from asphyxia from strangulation, in the circumstance, that while the jet of vapor arrests or retards the excretion of carbonic acid from the lungs during the process of inhalation, it supplies a stimulus to the blood in some measure counteracting the pernicious effects of the poisonous carbonic acid retained in that fluid. Thus, habitual drunkards are more

quickly affected, yet are with much more difficulty brought under the full influence of chloroform, than other persons whose blood is not charged with alcoholic stimulants. That anæsthesia is only a deep intoxication or temporary asphyxia, modified by the stimulus of the anæsthetic agent, will more clearly appear when the facts revealed by numerous experiments on the crocodile have their due weight and importance attached to them. Those experiments prove that the primary type of life, sensation, consciousness, the will and the power of directing muscular action, is not inherent in the brain or nerves, *but in the blood*. They prove that the blood is vital, and that the rest of the system derives its vitality therefrom. They prove that carbonic acid quickly destroys that vitality, if detained in the blood beyond a few moments of time, and that artificial respiration can restore that vitality and the irritability of the muscular fibre depending thereon, if put in practice anterior to the coagulation of that fluid. The first useful and practical lesson, on the laws governing the action of anæsthenic agents, so powerful for good or for evil, any physician of our northern States can at any time take by simply cutting off the head of a snapping turtle and observing the phenomena. These, as my friend Dr. Cornelius S. Baker, of Pennsylvania, has kindly reminded me, prove that that animal, like the crocodile, preserves for a day or two its sensations, its powers of voluntary motion, its passions and its consciousness, *about as well with its head off as on!*"

Chloroform, therefore, causes loss of sensation, voluntary motion and consciousness, not by acting on the brain and nervous system, but on that vital fluid, the blood, in which the life of the flesh resides, as Moses long ago said it did. It matters not where Divines assign a place to Moses among the prophets, as ere long physicians will be compelled to acknowledge, by the progress of the sciences, that he is entitled to the first place, not only among ancient, but among modern physiologists. The links are already forged connecting his doctrine of the blood's vitality, in its full, literal, Hebrew sense, with the present progress in the sciences. However far separated the progress of the sciences may appear to have led from the doctrine, that the blood is the *subjective* or *the me*, and the nervous and muscular systems the *objective* or *the not me*, or, in the language of Moses, that the life of the flesh is in the blood thereof, the signs of the times indicate that so far from receding they are rapidly approximating, and will soon be united, and the doctrine of the Pentateuch, in regard to the blood, acknowledged to be a profound physiological truth. Not long since, a physician would have risked his reputation as much by talking or even hinting that there was such a thing as a disease of blood origin, as I now do by proclaiming the truths taught by numerous experiments on the crocodile, that the seat of sensation, irritability, voluntary motion and consciousness is in the blood. A few more steps in the path that science in Europe and America is now treading, when it will plainly appear, that there are not only diseases of blood origin, but that the blood is directly deprived, in a greater or less degree, of its vitality by poisons, by contagions, by malaria, and by other morbid agents; thereby producing all those phenomena in their varied forms, which are classified under the term disease. The phenomena of anæsthe-



sia as well as drunkenness will then meet a ready explanation. The means of preventing accidents from occurring in using chloroform will be foreseen, and the remedy for them, when they do occur, will be found in antiphlogistic means to obtund the stimulus, and at the same time in restoring the lost irritability of the muscular fibre, by introducing oxygen into and eliminating carbonic acid from the great pabulum of life, the blood. The carbonic acid retained in the blood, during the inhalation of the vapor of chloroform or ether, deprives it momentarily of a portion of that vitality on which sensation, voluntary motion and consciousness depend.

There is no danger in chloroform, if the laws governing its employment be respected. It should be pure, and given from a clean evaporating surface, as a napkin, or a wad of raw cotton of good staple. There is seldom any utility, but much danger, in pushing it so far as to obliterate all sensation and consciousness. I have given it for days together in protracted labors, not to take all sensation of pain away, but to re-animate the vital forces, and to bring on the pains by small inebriating doses of the vapor; and then, by a freer inhalation, to obtund the severity of the pains it has excited. I am certain, in a case I was called to lately, that but for chloroform, delivery never could have been effected, except by the destruction of the child. After two days labor, the pains had ceased, and the woman's strength had become exhausted. Being called in at this stage of the proceeding, I refused to effect delivery by killing the child, and told the old practitioner in attendance, that although it was very true that the head was too large and the pelvis too small at that time to deliver by any other method, there was a remedy, by the judicious use of which, the pains could be awakened and the vital forces sustained, until the head could be moulded to the shape and size of the auger-hole it was wedged in, and then by the aid of forceps delivery could be effected. Relying on chloroform, I promised to turn this very serious case of labor into a species of frolic, and fulfilled my promise by administering that article in the form of vapor from raw cotton, from time to time. It soon re-animated the vital forces, half intoxicated the patient, set her to laughing and talking, brought on the pains, and in twenty-four hours afterwards, by the assistance of the forceps, I delivered the woman of a living, healthy child, which did well, and the mother recovered speedily.

It is a duty a physician owes to science, to praise an agent which comes at his bidding, like a ministering angel, to perform high and important services in such difficult cases that nothing else can; but in praising the agent, he should not forget another duty he owes to his medical brethren—to caution them, before invoking the aid of such a potent remedy as chloroform, to study its nature well, and the laws governing its action on the animal economy in health and disease, lest it spring a surprise by proving to be a destroying angel. Those who pass for the most wise and prudent in following mere experience and imitation, disregarding nice distinctions and refined principles, called theory (another name for reason), are liable, sometimes, like the ignorant and the rash, to be taken by surprise. Something can be learned of chloroform, by observ-

ing the relations of its phenomena with those of alcoholic liquors. The latter are also anæsthetic agents, and like chloroform act on the blood in three ways—by the mucous membranes, the skin, and the lungs. A wide-mouthed bottle or cupping glass, containing chloroform, inverted on a part affected with a chronic or sub-acute inflammation, is often more effectual than leeching in giving relief. It acts, when externally applied, directly on the vitality of the blood in the capillaries. A patient, who got both hands badly burnt, almost charring the skin of the palms, employed a doctor for each hand. Dr. Peniston, of Camp st., was one, and I was the other. He used chloroform to his hand, and I treated mine in the usual method. The objection to the article in burns, is the pain of the first impression; but it soon causes anæsthesia of the part to which it is applied, if persevered in for a sufficient time. In the above case, its local application to one hand had a soothing effect upon the general system, and on my patient, *the other hand*, also—soothing the pain of that, more than the hand to which it was applied. In headaches, neuralgias and colics, its external use often affords immediate relief. I reduced a case of strangulated hernia by it. In another case, after the hernia had been reduced, and Dr. Dodson, who is at home in all such matters, had applied a truss, the pains continued to be excruciating, although the hernia was entirely reduced. The truss was removed, purgatives were given, and chloroform administered very freely externally, and also by inhalation, but only with temporary benefit. Opiates in full doses were tried, with no better success. Singultus set in, strong enough to shake the bedstead; intense thirst and dry tongue. The doctor reported the case to me, requesting me to visit the patient that night, as he was afraid the man would die before morning. When I arrived, I remarked that the patient held his breath for a much longer time than natural; just as every surgeon has observed his patients do when under a surgical operation. There is a meaning in this instinctive practice of persons in great agony, which has never been explained. Hæmatokineté, or the new doctrine of the motive powers of the blood, explains it very readily. Persons in great pain hold in their breath, because it gives them some relief; and it gives them some relief, because it retains a portion of the carbonic acid in the blood, which would otherwise be expelled by the lungs in ordinary breathing. The retention of carbonic acid in the blood deprives that vital fluid (from which all other parts, nerves, brain, muscles and membranes, derive their life and sensibility) of a portion of its vitality, and thereby eases the pain. But in the above case, the poor fellow had been holding in his breath, like a patient under a surgical operation, for two days and nights. So much carbonic acid, retained in the blood, had affected the pulse at the wrist and scared the doctor, who piled stimulants, opium and chloroform upon him with a free hand, to keep up the pulse and to relieve the intolerable suffering. But it fired the molasses blood, and kept it in a state of stagnation in the capillary system of the great organs. I bled the patient freely from the arm, gave him glass after glass of cold water to drink while the blood was running, rubbed him all over with lumps of ice, and moved the bowels by cold-water injections. He soon said he was in heaven, and went to sleep. He was well next morning.



I once saw a patient of a steam doctor in a similar fix, who was supposed to be dying. I saw at a glance that the patient had been overstimulated, and had held in her breath to get relief from the intense pain she was suffering, until the retained carbonic acid was robbing it of its vitality, as proved by the indigo appearance of her nails and lips. The steam doctor was about leaving the house, but I begged him to stand still and witness the effects of mineral medicines, blood-letting and cold water. I felt the more confidence in the treatment I was about to adopt, as the patient was an excellent type of the inflammatory or sanguineous temperament. It was cold weather, yet I had the fire put out, the doors and windows opened, the blanket covering removed, and the hot bricks pitched out of doors. Jets of cold water were thrown on the patient—a dose of calomel and a draught of cold water were given—a dozen leeches were applied to the epigastrium, and mineral or soda water, with a little salts in it to expedite the action of the calomel, in bringing that other great decarbonizer of the blood—the liver—into action, was administered from time to time. The patient under this treatment almost immediately began to revive. The powers of speech returned, and she expressed her thanks in the most grateful manner. But I could not prevail on the steam doctor to remain after she began to drink the mineral water with mineral medicine in it. He said it was against his conscience, and left the house. Although chloroform was not used in this case, the pathological condition of the system well illustrates that which is often induced by anæsthetic agents.

144 Canal st., New Orleans, 27th Sept. 1852.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 20, 1852.

*Throat Diseases.*—It is an unexplained phenomenon, why ulcerations, inflammations, bronchial irritations, polypi, &c., should be so painfully numerous. Is it merely because people have multiplied, that cases are so frequent; or is there some vice of a modern growth that leads to their development? Clergymen are among the largest number of sufferers; but physicians long since abandoned the theory that public speaking brought on a diseased condition of the vocal apparatus, since lawyers speak much more and longer in their pleas in court. Then anthracite coal bore the brunt of the battle a while; yet diseased throats have been perpetually on the increase, even where coal is never used for fuel. At length, medical gentlemen began to be consulted by ladies, laboring under the same train of maladies. A favorite opinion once prevailed in France, that bad wine was the cause of calculi; in England, beer gave rise to the stone; and in limestone regions, that misfortune was laid to the charge of bad water. Ultimately, in those countries, stone was found in persons who had neither drank wine or beer, or swallowed a drop of water charged with lime; and then the opinion was advanced that nobody could unravel the cause, which every body now believes to be true. So it is in regard to diseases of the throat. It is difficult to account for what is daily occurring in this respect. However, there should be no relaxation in searching out causes and remedies; and we trust this will be thoroughly persevered in, and the results made known.

*Comparative Anatomy.*—Messrs. Gould & Lincoln, of Boston, will publish, as early as possible, a treatise on Comparative Anatomy of the Animal Kingdom, by Prof. C. Th. Von Siebald and H. Stannius, translated from the German, with notes and additions, by Waldo J. Burnett, M.D., of Boston, a well-known correspondent of this Journal. This work is believed to be the best and most complete of the kind extant. Messrs. Gould & Lincoln have a reputation which ensures a thorough and perfect edition. Dr. Burnett's efforts in this enterprise will unquestionably command the patronage of men of science throughout the whole country. It is a book that is actually needed in all the schools of medicine.

*Neligan on Diseases of the Skin.*—This is an entirely new book. It was fresh from the author's hands the first of June, in Dublin, and has now been re-published at Philadelphia, by Messrs. Blanchard & Lea. Strange as it may appear, the work has actually passed through an American press without being burdened with the name of any ambitious editor who "has enlarged and improved it." The volume is not therefore increased in size and made dearer than it should be.

Dr. Neligan is a distinguished physician of a hospital in the capital of Ireland. He is a plain, common-sense writer, not dealing in suppositions, but in facts. The volume is a duodecimo of 333 pages, divided into fourteen chapters, embracing the consideration of the whole range of cutaneous maladies. For consultation, and a ready reference to the best practice in any of the known forms of disease to which the skin is incident, it is a valuable book. Its cheapness and portable size are considerations. Wherever Dr. Neligan's labors have been noticed in Europe, the Medical Journals have spoken in the best manner of his success in this practical treatise. In Boston, copies may be obtained at Ticknor & Co.'s.

*Simon's General Pathology.*—At St. Thomas's Hospital, London, John Simon, one of the surgeons in 1850, gave a course of lectures on General Pathology, as conducive to the establishment of rational principles for the diagnosis and treatment of disease. There are twelve in the series, and each discourse has a regular text, followed by a methodical discourse. Thus, the first treats of disease; second and third, blood in disease; fourth, quantitative irregularities in distribution of blood; fifth, irregular growth; sixth, fibrinous effusions; seventh and eighth, tumors; ninth, scrofula; tenth, nervous diseases; eleventh, evacuating medicines; twelfth, morbid poisons. Each lecture abounds with valuable suggestions, accompanied by a train of wise observations, which instruct the reader and tend to the advancement of the profession of medicine. From the circumstance that the whole twelve lectures have appeared in the London Lancet, it is hardly necessary to enter upon an analysis of them. Blanchard & Lea are the publishers.

**TO CORRESPONDENTS**—The length of the articles in the present number of the Journal has excluded much editorial matter, as well as various favors of correspondents. Some of the latter we shall endeavor to insert next week.

**ERRATA.**—In the last number of the Journal, page 224, eleventh line from bottom, after the word *stand*, insert "to the disease." On same page, next line, for "cause and effect," read "cause, or effect."

**MARRIED.**—In Boston, Dr. Washington Hoppin, of Providence, R. I., to Louise Clare, daughter of the late Maj. J. R. Vinton.—At Providence, R. I., Dr. Samuel L. Abbot, of Boston, to Eliza Jones, daughter of the late T. C. Hoppin, of P.—At Hartford, Ct., Dr. Bern L. Budd, of New York, to Kate F., daughter of the late Rev. T. H. Gallaudet, LL.D., of H.

**Deaths in Boston**—for the week ending Saturday noon, Oct. 16th, 71.—Males, 38—females, 33. Accident, 1—inflammation of bowels, 2—disease of bowels, 1—inflammation of brain, 1—disease of brain, 2—burn, 1—consumption, 15—convulsions, 3—cholera infantum, 1—cholera morbus, 1—croup, 3—dysentery, 3—dropsy, 3—dropsy in head, 5—drowned, 1—infantile diseases, 3—puerperal diseases, 2—typhoid fever, 2—scarlet fever, 3—inflammation of lungs, 2—liver disease, 2—marasmus, 1—mania, 2—old age, 1—palsy, 1—pleurisy, 1—rheumatism, 1—scrofula, 1—teething, 1.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 10. Americans, 34; foreigners and children of foreigners, 37. The above includes 5 deaths at the City institutions.



*Foreign Bodies introduced into the Urethra.*—In a late number of this Journal (vol. 1, 1851, p. 196), a case was reported in the "Mirror," where Mr. Birkett, of Guy's Hospital, removed a pen-holder from the urethra of a young man who had himself introduced it. A somewhat analogous instance was lately mentioned by M. Baché before the Surgical Society of Paris. A man, seventy years of age, took a fancy to pass into his urethra a twig of fir-tree, with short, bristly, closely adherent leaves. The twig used to be introduced with the attachment of the leaves looking posteriorly, so that it glided easily enough, and the slight resistance offered by the leaves when the branch was being withdrawn seemed to suit the old man's depraved taste. One day, however, the twig broke within the urethra. On examination, the anterior extremity of the fragment was found corresponding to the bulb. As the canal was found to be sufficiently dilated to admit of polypus forceps, M. Baché introduced the instrument as far as the locking of the branches, and succeeded in drawing out the twig. Strange to say, no unpleasant symptom occurred. The twig is being preserved in spirits; it is covered with all its leaves, and is four inches long.—*London Lancet.*

*Ague treated by a Terebinthinate Liniment along the Spine.*—M. ARAN mentions, in the *Bulletin de Thérapeutique*, that he has succeeded in staying ague fits by the use of the following liniment: Essential oil of turpentine, three ounces and a half; chloroform, about one drachm. The patient was a young man, with whom quinine had failed, and the above liniment was used about two hours before the fit. The latter appeared at the usual hour, but was somewhat shorter than the preceding; the second was kept off for four hours; the third failed to appear altogether, and the patient was soon quite well, experiencing only for a few days a certain amount of discomfort at the accustomed hour of the fits. The liniment had several years ago been introduced by M. Bellencontre, laudanum being, however, used instead of the chloroform employed by M. Aran.—*Id.*

*Atropine Externally in the Treatment of Neuralgia.*—Such is the activity of this vegetable alkali, that great precaution is required in its application to the treatment of disease. Dr. Lusanna reports in the *Gazette Médicale de Lombardie*, some experiments which he was able to institute with this very active agent. He reports two cases of facial neuralgia which were promptly mitigated, and soon definitely cured by the external use of atropine.

It may be used by the endermic and iatroleptic method. The skin being previously removed by a blister, or, what is still better, because more speedy, the ammoniacal pommade of Gondret, when the atropine is dissolved in a small quantity of alcohol, then mixed with simple ointment and applied to the denuded surface. In this way, M. Lusanna says, we may employ from a demi-grain to a grain in the twenty-four or forty-eight hours. M. L. uses the following formula iatroleptically:—R. Atropine, 5 centigr.; alcohol, à 36 q. s. Dissolve. Add axungia, 12 gram. M. This ointment he uses in the form of frictions over the part affected every two or three hours, consuming a portion the size of a pea each time.—*N. Orleans Medical and Surgical Journal.*

DR. JOHN STOKOE, the medical attendant of Napoleon at St. Helena, appointed by the English government, is dead.

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No. 13.

DIABETES MELLITUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A few months since I was kindly invited by Dr. S. Clapp, of this place, to see a case of diabetes under his care. A portion of the urine had been hastily tested by a competent chemist, and was thought to afford evident indications of glucose, but by a very careful examination of a portion of the urine, made a few days subsequently by the same chemist, no satisfactory traces of sugar were detected. Under Dr. C.'s treatment the child regained its health in a few weeks, and I believe his own conviction now is, that the case was one of diabetes insipidus merely. The mother states that two of her children, previous to this, had wasted away and died under, as she believes, the same disease—that is, a profuse discharge of urine. Dr. C. had, previous to this, devoted a good deal of attention to the investigation of diabetes mellitus, and felt much interested in the case, as I did also.

Looking over some notes which I had taken of Prof. Jackson's lectures at the University of Pennsylvania, upon this subject, I noticed some views in relation to the pathology of the disease, which differed from what I met with in the books. I much wished to be possessed more fully of the views of so able and justly eminent a member of the medical fraternity, and for Dr. C.'s satisfaction, as well as my own, I wrote him, and was very kindly favored with the following letter, which, with Dr. Jackson's permission, I forward for publication.

Very respectfully,

*Pawtucket, R. I., 10th month 14th, 1852.*      W. OWEN BROWN.

*Philadelphia, June 10th, 1852.*

My Dear Sir,— \* \* \* \* \* The formation of saccharine matter is one of the functions of the liver. This discovery of M. Charles Bernard must be accepted as a finality, to use a current phrase, in physiological science. It has been confirmed in the laboratory of Giessen, and by other chemists. It has been found in the livers of carnivorous and grammivorous animals—in the livers of animals fed on animal food exclusively—in the reptalia as well as the mammalia and birds. The liver is the only organ in which sugar can be detected in health. It may be cut into slices and washed, so as to be freed from blood, yet



will continue to yield the evidences of the presence of sugar. The saccharine matter, nearly identical with glucose, or diabetic sugar, must consequently exist in liver structure—must be a product of liver cell action, and included in liver cells.

If this inference be correct, and I do not perceive how it can be refuted, provided the facts are as reported, by what process does the saccharine matter find its way into the blood? This mystery has not been explained. In health, the portal blood entering the liver contains no saccharine substance—it is always found in the blood of the hepatic veins, as it issues from the liver, and in the blood taken from the right cavities of the heart. The blood taken from the left cavities of the heart and the vessels of the general circulation, yields no evidence of glucose or saccharine matter. Thus the sugar formed in the liver disappears in the lungs; it is decomposed in the pulmonary circulation. Glucose, or diabetic sugar, is decomposed promptly in the presence of oxygen, alkaline substances, nitrogenous bodies and water. These are present in the lungs, and in health the saccharine matter, a product of the action of the liver, is chemically destroyed by the respiratory process. It is most probably first converted into lactic acid, which under the above-stated conditions is instantly broken up, its carbon becoming oxydized and converted into carbonic acid, its hydrogen combining with oxygen forms vapor of water, both of which products are eliminated in expiration, while the heat evolved serves to maintain the blood at its normal temperature, 98° to 100°. The functions of the liver and the lungs are seen, in this respect, to be antagonistic. What the one produces, is immediately destroyed by the other. The glucose of the liver is thus prevented from entering into the circulation and being diffused throughout the economy.

What, it may be asked, can be the intention of this singular provision? The following appears to me the most probable solution of the phenomenon. Heat and oxygen are the most indispensable conditions of life and health. Nature has taken corresponding precautions to renew a constant supply of an agent of so much importance as heat. From six to seven parts of eight of our aliment, are destroyed for the production of heat. They are the hydro-carbons, or calorific elements of food. They are incapable of serving for nutrition or the production of organized structure. They are intended to undergo oxydation or combustion, for the purpose of keeping up the temperature of the body. Fat is not an organized tissue; it is not properly an organic portion of the economy. It is the surplus hydro-carbon of the food, stored up as fuel, to be employed for the production of heat when the exterior supplies are cut off.

Now it is a common, almost constant occurrence, that, either from disorders of the digestive organs, or other causes, the blood receives no supplies of hydro-carbons from the food, and that the store of fat is being rapidly consumed and exhausted. In this emergency, the economy has provided a resource within itself, by which it obtains these important elements and can maintain the indispensable conditions for its existence, a temperature of 98° F. This resource is the function of the



liver, by which it manufactures glucose, a substance rich in carbon and hydrogen, as is shown by its formulary— $C_{12}$ ,  $H_{12}$ ,  $O_{12}$ . Almost the same instant that glucose leaves the liver, from the rapidity of the circulation, it is thrown into the lungs, and is there burnt up, producing carbonic acid and water, both eliminated with evolution of caloric, which is absorbed by the blood and diffused throughout the organism. Corroborative of the above facts and views, it has been ascertained by Regnase and others that in various affections, which injure more or less the lungs and their functions, as emphysema, phthisis, bronchitis, pneumonia, there is a corresponding proportion of glucose found to exist in the urine.

From the preceding facts, the pathology of diabetes mellitus would appear to rest on the resolution of this problem—What are the circumstances that impede the healthy action of the lungs, from decomposing the glucose manufactured in the liver and introduced into the lungs from that organ? Walshe (W. H.?) asserts it is the deficiency or absence of the alkalinity of the blood. On this hypothesis is founded the treatment of the disease by alkalies. Regnase and others contend that the disease depends on some defect in the respiratory functions, generally connected with pulmonary affections.

M. Charles Bernard has further ascertained that by wounding or pinching the medulla oblongata in the floor of the fourth ventricle, just above the calamus scriptorius, glucose in a short space of time is to be detected in the urine—diabetes mellitus is in fact artificially generated. M. Bernard attributes this result to a direct nervous action on the liver, augmenting its production of saccharine matter. M. Regnase, with greater probability, assigns it to a diminished activity of the respiratory action of the lungs. It is well known that the activity and energy of respiration are directly dependent on the medulla oblongata—a fact which imparts more confidence to the last view. \* \* \* \* \*

Very respectfully yours, &c. SAMUEL JACKSON.

*Dr. W. Owen Brown.*

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XXIII.

PROF. RUSH VAN DYKE, M.D., OF PHILADELPHIA.

[Communicated for the Boston Med. and Surg. Journal.]

—————“ A firm, yet cautious mind ;  
Sincere, though prudent ; constant, yet resigned.  
Honor unchanged, a principle profest,  
Fixed to one side, yet moderate to the rest.”  
“ Filled with the sense of age, the fire of youth,  
A scorn of wrangling, yet a zeal for truth ;  
A generous faith, from superstition free :  
A love to peace, and hate to tyranny.”  
“ Such this man is.”—POPE.

“ Ille vir, haud magna cum re, sed plenus fidei.”—CICERO.

How little do men who have influential friends, from their youth up, appreciate the heart-wearing toil of the ambitious, poor and friendless orphan. His dreams are private and unknown to the world. His aspirations are felt and not told. His friends are his own sweet thoughts,



and that bright hope, which like the pillar of cloud by day, and of fire by night, throws a soft but clear light around his dreams, and beckons him on, in the thoroughfare of life, while battling with the obstacles of poverty and ignorance. Yet for all this, *we* would rather have that poor boy's peaceful conscience, tender but firm hope, and energetic will, than all the gaudy tinsel of family, friends and fortune, without them. The "obstinate activity" of ambitious poverty is itself a safeguard to virtue, and a guarantee to happiness. The course of such minds is onward and upward. Forever surrounded by an imaginary excellency to be enjoyed at some future time, the present is dignified by the fancied nobility of the perfection sighed, labored and fought for.

The subject of Cato's sketch to-day, although not surrounded with superfluous wealth in his youth, nor even in more advanced years, has yet had the advantage of good domestic training and associations; as well as the consciousness of belonging to a family of no mean position in many of its branches. RUSH VAN DYKE was born in Front street, Philadelphia, Sept. 9th, 1813, where he resided until the family removed to Abington, a village about ten miles north of the city. His father was Dr. Frederick A. Van Dyke, a pupil of Drs. Rush and Physick; to the memory of whom, particularly that of Dr. Rush, he, in common with the many pupils of that great man, still bears a respect bordering on reverence.

On the first of May, 1823, young Rush Van Dyke, at the early age of 10 years, entered the grammar class, in New Brunswick, of what was then called Queen's College, afterwards Rutgers College. At the age of 13 (in 1826), he entered the sophomore class, but being likely to graduate too early, was sent back to the freshman class. He received the degree of Bachelor of Arts in July, 1830. His teachers were among the most distinguished of the day, in every department of science and literature. Rev. Jno. S. Mahon, Rev. Drs. Brownlee, Milledoler, Jno. Dewitt, James S. Cannon, Alexander McClelland, Drs. Adrain, Strong and others, were his instructors. After a thorough college course, he commenced, in 1830, the study of medicine, under the supervision of his father, then and still a distinguished physician in full practice. He received the degree of Doctor in Medicine, in the spring of 1835, in the University of Pennsylvania. His clinical advantages with his father and elsewhere were ample, and taken full advantage of.

In June, 1835, he was called to take charge of the hospitals on the extensive estates of the members of the house of Wright, Sheldon & Co., in the Island of Cuba, as well as some neighboring estates. This position, and the fact that there was not a physician within twenty miles of the place, caused him to be extensively employed in private as well as public practice; the patients numbering from 75 to 100 daily, embracing almost all forms of disease, "from yellow fever and dysentery to elephantiasis and leprosy." These duties were faithfully discharged, during a period of over three years, at the end of which time he returned to Philadelphia, where he has resided ever since.

Although continually in the field (or street) as a medical practitioner, he has, from long habit and inclination, been always prosecuting the study of

the several branches of his profession with ardor and enthusiasm. His opinions in forensic medicine, have been listened to with respect, and had their proper influence in many important cases, involving life and reputation, in our courts of justice. Cases of suicide, insanity, infanticide, &c., are among those, the decision in which, was influenced by his testimony.

In 1843, he joined several friends, among whom was his present colleague who now occupies the surgical chair in the Philadelphia College, in forming an association for medical instruction in the summer season, without granting medical degrees. Several of his co-lecturers soon found an opportunity to obtain a charter, left by a faculty resigning, and went to build up another medical college. Dr. V. occupied in the association the chair of Institutes of Medicine and Medical Jurisprudence. He continued for some years associated with several medical friends, among whom was the late lamented Prof. James Rogers, of the University, instructing young men in the several branches of medicine.

In September, 1848, he was appointed Prof. of *Materia Medica* and General Therapeutics in the Philadelphia College of Medicine, and his courses have continued ever since until the present year. In August, 1852, he succeeded to the chair of Theory and Practice of Medicine, made vacant by the resignation of Prof. T. D. Mitchell. He will enter upon the duties of the appointment in October.

His style of lecturing is highly didactic and analytical. He continually leads the mind of the student to fundamental principles rather than dry detail of unimportant facts. This disposition fits him well for minds somewhat advanced, where the detail becomes less important. Second and third course students therefore appreciate him better than freshmen. He is in no wise timid in expressing his convictions, and if we may venture an opinion on the principles of his practice, he is much more disposed to the Hippocratic or expectant mode than to that of exhibiting herculean doses of drugs.

He has long been a decided advocate of the Temperance reform, and has labored faithfully, with many other of our best physicians, in public and in private, to drive from our country the awful scourge of intemperance. The Journal of the Grand Division of the Sons of Temperance of Pennsylvania bears testimony to his desire to improve the discipline and general character of that body. In politics he is liberal, and willing to subscribe to the *whig platform*. In religion he is an enlightened and liberal Roman Catholic. Like Sir Astley Cooper and many other men of energy, he began the world rather ultra in most matters, but has become conservative and considerate.

His manner of life is philosophical and simple; with no strong propensity to gratify, at the expense of the other faculties. Having suffered considerably in a southern climate, the irritability and tolerance of his physique have been sharpened and diminished. These, however, will doubtless be improved; about a year since he took unto himself a lovely and accomplished wife—a young lady, an orphan of this city. He is willing to live and let live; is disposed to live in peace with all men, but fully able to apply the lash to presumption and ignorance when they



intrude upon the precincts of truth and justice. Rather below the medium height, with dark hair, what remains of it, very dark eyes, square built, with gestures deliberate and considerate, he presents rather the appearance of a gentleman of philosophic mind, than a hero of animal life. His bald head gives him much the appearance of an ancient priest or rabbi. His manners are those of a gentleman and a scholar. Long may he live to teach and adorn our profession. CATO.

*Philadelphia, Sept., 1852.*

#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the Boston Medical and Surgical Journal.

##### NINTH LETTER.

MY DEAR FRIEND,—If I could think that your readers had remarked the interruption of my correspondence, and especially if they had complained of it, I should ask of you the permission to have me excused, on account of other imperious duties which have taken up the few and short instants which I could devote to you. I could easily contract the pleasant and charming habit of these periodical conversations with the numerous public, that your talent and that of your fellow laborers have known how to invite around your Journal. But you are so rich and so varied in this respect, that my absence could not cause any loss. I shall, however, do all in my power, in order that the good will of your readers may hereafter accompany me at least as regularly as possible.

I wish to terminate to-day what concerns blennorrhagia, by some words upon its treatment. You understand that in these letters, details would be idle and useless. I confine myself to the generalization of all these questions, the developments making the subject of a special and extended treatise, which I soon hope to be able to offer to the judgment of my friends. Here, I touch upon all the doctrines of the Hospital du Midi, and I ought to conclude that which treats upon blennorrhagia by some considerations upon the treatment of this disease.

When we see the obstinacy of certain writers on syphilis, in retaining the old ideas concerning blennorrhagia, recognizing and admitting only virulent blennorrhagia, it would seem that these writers ought not to establish the existence of any discharge without applying as soon as possible a mercurial treatment. But, it is not so. The greatest number of them content themselves with a rational treatment, and among them you will range M. Vidal, who does nothing but what I do, and perhaps less, for in what he has written upon blennorrhagia, although establishing nowhere, an absolute differential diagnosis between virulent and benign blennorrhagia, he does not speak at all of the antisymphilitic treatment properly so called. Look at the *Treatise on External Pathology* by M. Vidal, and you will be astonished like myself, that with his ideas upon the virulence of blennorrhagia in general, the treatment of my colleague should be so benign.

I have already said a word upon the astonishing and ridiculous cus-

tom of those who give copaiba and cubebs for the blennorrhagia of bachelors, and who reserve mercury for whoever wishes to marry. This mode of therapeutics with two aims recalls to me the history of one of my old colleagues of the Hospital du Midi. He had in his youth, like many others, contracted blennorrhagia. At a later period he was to marry the daughter of an old writer upon syphilis, who was imbued with the doctrines of the treatment of precaution; he did not obtain the hand of his intended except upon the condition of a long-continued treatment with the liquor of Van Swieten. The treatment finished, the marriage is accomplished—all those who lived in intimacy with this colleague, and even those persons who were present at his clinical lectures, might have heard his frequent and bitter recriminations against this treatment of betrothal. As to the rest, this treatment has been very useless in the case of our colleague, for he had preserved an habitual discharge from the urethra, a last and peremptory argument, which he was in the habit of presenting to the individuals whom he did not succeed in curing of a similar inconvenience.

Others, more logical in appearance, in admitting the virulent blennorrhagia, and confessing nevertheless that they cannot distinguish it from the benign blennorrhagia, give at all hazards and notwithstanding, a mercurial treatment. Hunter is of this number, and his manner of reasoning upon the treatment of blennorrhagia is very curious. If Hunter had no other title to the thanks and the admiration of the wise, his writings would not have come down to us, and M. Richelot, your learned and modest collaborator and friend, would not have gifted France with his beautiful translation of the works of the great English physiologist. Let us hear Hunter. The following passage is not foreign to the question:—

“Whatever may be the method adopted for the treatment of gonorrhœa, whether locally or internally, we must not lose sight of the fact that a certain quantity of the matter of the discharge can be absorbed, and show itself afterwards under the form of constitutional syphilis. To guard against this effect, I think that small doses of mercury ought to be given internally. It is not easy to determine at what epoch this mercurial treatment ought to commence; but if it is true, as I have before explained, that the syphilitic diathesis once formed cannot be cured by mercury, while this therapeutical agent has the power to prevent a similar diathesis from being established, it is important that it should be commenced early, and should be continued until the end of the disease, not only until the secretion of pus has ceased, but also some time after. Mercurial frictions can be employed, when the stomach and intestines cannot support the medicine.

“This practice is much more necessary, if the discharge has existed for a long time, especially when the treatment is composed of simple evacuations only. In fact, when the discharge is of long duration, the absorption has more time to exercise itself; and when recourse has been had to evacuations only, there is more reason to fear that this has taken place, inasmuch as this treatment has no faculty to expel the virus from the economy.



“To prevent the establishment of a constitutional virus, the consequence of the absorption of the venereal pus, it suffices to prescribe a grain of mercury every evening, or morning and evening; but it is necessary to continue the employment of it in proportion to the duration of the disease.

“The success of this practice can never be verified in any particular case, because it is impossible to say if the pus has been absorbed, excepting in those cases where it forms buboes; and every time that we remain uncertain as to the reality of the virulent absorption, it is impossible to affirm that a constitutional syphilis will be manifested, if mercury has not been given; for among those patients who have not taken mercury, we see few who are attacked with constitutional symptoms, consecutive upon a gonorrhœa. However it may be, it is prudent to prescribe a mercurial treatment; for it can be admitted with reason, that we shall often thus prevent the establishment of a constitutional syphilis, as takes place when we administer it to patients affected with chancres or buboes, which under this treatment would certainly determine a general infection, as experience has taught us.”—(*Complete Works*).

I ask pardon for this long citation; you know that it is not my custom; but it appeared to me so much more necessary, as this doctrine serves still as the basis for the reasonings and the practice of a great number of writers upon syphilis.

Must I first insist upon the manner in which Hunter admits the constitutional infection from blennorrhagia? It is not the part actually diseased that infects, it is the pus secreted! Evidently Hunter has never reflected upon this singular mode of infection, and those who have followed him do not appear to have reflected any more.

It is true that this doctrine has been singularly revised and augmented. Thus, you will find in a modern writer upon syphilis, that in blennorrhagia, the infection does not take place by means of that portion of the mucous surface which is diseased, but through the portion of the mucous surface of the neighboring part which has remained healthy, this alone having the power to absorb the virulent muco-pus; from whence it is necessary, my friend, to draw this absurd conclusion, that if the entire length of the urethra was diseased, the consecutive infection would never be feared.

The *coques muqueuses* of Hufeland are also an emanation from the Hunterian doctrine. You know that he pretends that if the blennorrhagia does not oftener infect, it is because the pus is enveloped in some small mucous follicles (*coques*), from which it has not always the power to escape.

Let us return to Hunter, and be painfully surprised to see this great mind wishing to prevent infection by mercurial treatment, assuring us that the longer the disease has lasted, the more chances there will be of infection, and the more it will be necessary to give mercury; and not perceiving that if the mercury only acts by preventing the infection, its administration would be useless after a long continuance of the blennorrhagia, inasmuch as the infection would be already established, and the mercury would have no power upon it. Be astonished that in spite of

his uncertainty upon the action of mercury against the infection, he affirms in a manner so absolute its efficacy in doses so rigorously and mathematically determined! Be confounded, at not meeting in the passage cited but a tissue of wrong constructions and of contradictions. The mercurial treatment the most ordinarily excites blennorrhagic discharges, and Hunter wishes that it should be continued until the complete cessation of all secretion! How many patients, whose discharge does not stop, would be thus condemned to mercury forever! My colleague, of whom I lately spoke to you, would have been literally choked with mercury. What would have become, under the weight of a treatment so prolonged, of an old soldier whom I attended, who contracted blennorrhagia at the peace of Amiens, and who had it still in 1845—that is to say, for more than forty years?

This entire doctrine of Hunter is lamentable from its discrepancies. Shall I afford myself the pleasure of demonstrating this singular confession—"The success of this practice can never be verified"; and that one, more singular still—"We see few patients who are attacked with constitutional symptoms consecutive upon a gonorrhœa." Is not every question, dear friend, even from the confession of Hunter, reduced to this—that the mercury is useful only in the small number of those patients, whose blennorrhagia is due to a urethral chancre!

Thus everything, even error, comes to confirm the exactitude and the truth of the doctrine of the Hospital du Midi.

Lastly, the treatment of blennorrhagia brings us again into the presence of the theory of the half-way treatment of M. Lagneau, who regards blennorrhagia as a light form of syphilis, and advises against it a demi-treatment. We see peep out here the demi-virus, and the demi-virulence, of our brother at Lyons, M. Baumés.

Demi-treatment! Light form of syphilis! Alas! there is unfortunately nothing light as regards the verole, unless it be the certain opinions of very grave men. Syphilis exists, or it does not exist. If there is syphilis, a treatment as complete as possible is necessary; we must make use of all the guarantees that a serious and methodical treatment can give. If the verole does not exist—good heaven, for what good is an anti-syphilitic treatment? How must we treat simple benign blennorrhagia? I repeat again, that I confine myself to the generalities of the question. First, one word upon the abortive treatment. You know all that has been said upon repercussion, upon the theory of the wolf shut up in the sheep-fold; you are aware of all the apprehensions which have been manifested in regard to the metastasis and the wandering about of the virus in the economy, occasioned by the abortive treatment of blennorrhagia. This doctrine has always astonished me in presence of the facts which present themselves in crowds, and that, too, every day in practice.

First, it is incontestable that the greater part of the accidents to which blennorrhagia can give rise, never manifest themselves before the end of the first week; and it is from the second week, and most generally later, that we see these accidents take place.

On the other hand (and those who frequent the Hospital du Midi well



know it), the greatest number of these accidents manifest themselves only in those cases of blennorrhagia where no treatment or an insignificant one has been made. Do you wish me to give you a singular proof of this? Here let me inform you incidentally that I profess a great deference for medical statistics, that precious instrument, which managed as it has been by the skilful hands of M. Louis, has rendered such incontestable services to our science. But M. Louis is the first to recognize and to proclaim that nothing is more difficult and more delicate than medical statistics; nothing which by its faults, or by its vicious application, could conduct to greater deceptions or to more deplorable errors. This profession of faith being made, I hope that no one can consider as an attack against statistics, or as a mockery of that precious instrument of research, what I am going to say relative to the causes of the accidents produced by blennorrhagia.

I said that the abortive treatment of blennorrhagia was very innocent of the accidents which may be manifested in the course of this disease. Do you know, in truth, what the statistics absurdly interpreted would teach in this respect? Why that the most frequent antecedent of epididymitis is flax-seed tea. I possess upon this point enormous statistics, and the students of my clinique wait every day with an hilarious impatience, this final question, which I never fail to address to the patient affected with an epididymitis—have you taken flax-seed tea? The answer is inevitably affirmative.

What shall we conclude from these statistics and facts? Evidently that epididymitis, like the other accidents of blennorrhagia, is neither a repercussion nor a metastasis, nor any of those chimera by which some have desired to oppose the timely and abortive treatment of blennorrhagia.

I am profoundly convinced by my observation and by my long experience, that a blennorrhagia arrested the first days of its appearance, far from being followed by those accidents which are feared, will prevent, on the contrary, the manifestation of them. The abortive treatment of blennorrhagia is at the same time the prophylactic treatment of the consecutive accidents. Thus, in practice, I have adopted the abortive treatment applied at the first moments of the appearance of the blennorrhagia. This is a point of doctrine upon which I cannot too much insist—the commencement of the disease is known, its end and its consequences are always uncertain. It is, then, of great importance for the patient to disembarass himself of his discharge as soon as possible. In spite of an old prejudice of which the practice of Bell could be the pretext, I profess, that the injections which constitute one of the most important parts of the abortive treatment, far from producing strictures of the urethra, as has been said and still repeated, form the best abortive treatment for these strictures. We can be assured that the quicker a discharge shall be arrested, the less shall we have to fear the organized alterations of the urethra; these latter are, as for all other mucous surfaces, the consequence of the duration of the inflammation. I well know that here, again, statistics have been invoked, and that cases sufficiently numerous have been brought forward, in which strictures have manifested themselves after injections. But this is a little

like the flax-seed tea in the cases of epididymitis. From this fact only, that injections are found among the antecedents of strictures, we must not infer a relation of cause to effect.

Analyze well these observations and you will see that it is a question of long-standing cases of blennorrhagia which have resisted everything—even injections; it is precisely because these injections have not cured the inflammation, that the stricture has followed—which fact does not necessarily imply their unskilful or untimely employment.

I do not wish to terminate this letter, my dear friend, without saying a word upon the prize which my honorable colleague and friend, M. Diday, of Lyons, has just established. You know that he offers the sum of 300 francs to whoever shall bring to him ten observations upon simple blennorrhagia which shall have produced constitutional syphilis. This idea is good, but do you think it sufficiently generous? Thirty francs for each observation so difficult to find—frankly, is it enough? I consider as beyond price one single fact of syphilis coming on without syphilitic cause; thus I shall not establish any price upon this point. Let my wise and spiritual friend permit me to say to him, that he would neither compromise his present nor his future fortune, in increasing a hundred fold the value of the observations which he demands.

Yours, &c.      RICORD.

#### MEDICAL LECTURES IN PHILADELPHIA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—As your valuable Journal has contributed much to the diffusion of medical science and all that is connected with the medical art, I have thought a few scraps from this emporium of our western world for advancing this art, might not be unacceptable. Here are no less than seven regularly-chartered medical colleges, four of the good old practice (or five, if the female college is of the old stamp), one homœopathic, and one *called* eclectic. Of these numerous Æsculapian halls, the *Jefferson* stands first in point of pupils, numbering some six hundred for the regular class; and the *University* next, having about four hundred. Then comes the *Pennsylvania*, and last (I mean in *numbers* only) the *Philadelphia*. Just think of fifteen hundred medical pupils assembled in one city from all parts of the United States, when we in our good old “Athens” of Boston collect only between one and two hundred. Bostonians will never attribute this vast difference to any lack of capacity or advantages for communicating instruction in that city, and, indeed, they ought not, for there are certainly privileges in Boston not inferior in any respect to those in Philadelphia. The question then arises—what brings so many more pupils here than to Boston? And there are many reasons. It is a more central location from the South and West, from which many medical pupils here come, and in point of hospital practice this place possesses greater advantages than Boston, as the hospitals are more numerous. Candor, also, obliges me to say that some of the lecturers here are superior to any I have heard elsewhere.



No lecturer I have ever heard surpasses Dr. Mütter, of the Jefferson College. His appearance is fine—tall, sharp and piercing eye; elocutionary powers good (an item wanting in a larger proportion of medical lecturers than among either lawyers or clergymen), and perfectly at home in the lecture-room: and what is more than all the rest, he will command the attention of the class. To-day I have attended his clinique, at which he showed us a man with a fungous tumor, upon which he will operate when he has prepared the patient by diet and purgatives. He also exhibited specimens of the same kind of tumor upon plates, where they had been allowed, as we say, to *run to seed*. He told us the danger of parleying with this class of tumors.

He also *sounded* a child for stone in the bladder. He operated upon another child for phimosis, and told the origin of the term, viz., that on a certain occasion Moses got into trouble and went to his brother Aaron, who upon hearing his story, raised his hands in astonishment and exclaimed, "*phy—Moses*"! With all deference to the greatness of the man, however, I may be allowed to say of his Hebraism, "*sed dubito.*" It, however, made a good story, as he told it. He also operated upon a little girl for wry neck, by cutting both the attachments of the muscle, and then applying an instrument of his own construction, or, rather, invention, to prop the head up. The incision was sub-cutaneous, except, of course, the introduction of a very small scalpel through the skin. He informed the class that he divided this muscle *low down* to avoid the bloodvessels connected with it. Dr. M. may not excel many others, as an *operator*, but it is apprehended few can equal him in explaining the operation to a class, and, as it were, *compelling* them to understand it. It is no marvel that this College flourishes with such a man it.

*Dr. Mitchell's Clinique.*—Dr. M. is also in the Jefferson College, and his was the *medical clinic*. He is a man who makes a fine appearance, and would make a *finer* one, if he did not seem to be aware *how well* he really does appear. However, though he has that degree of confidence which generally inspires a man with the firm belief that *he* can do a thing as well as others (thus giving self-complacency), yet in *his* case confidence does not seem to have received that precise number of multiplications which amount to impudence. I love to see a man at home in his profession. The first patient presented seemed to be an Irish woman, by name Mary O'Brien. "Mary, how old are you?" "Forty, sir." "What is the matter, Mary?" "Ah! a dreadful pain in my stomach, sair [at the same time placing her hand over the left iliac fossa to show the doctor the place of the pain *in the stomach*]. The diagnosis was, tympanitis, or flatus of large intestine. Prescription—R. Blue mass, grs. ij.; pulv. opii, gr. j. M. Ft. pil., s. hora nocte.

Next came James Sullivan. "You see his skin, gentlemen," says the Prof.; "it is pale, dirty, dingy, wrinkled. Two kinds of disease produce this appearance of the skin—intermittent fever and chronic diarrhœa. I know nothing of this man's case—but though these two diseases give the skin a similar appearance, yet a practised eye can distinguish the one from the other. What is the matter, James?" "The

*chills* and the *aches*, doctor." "How long have you had them?" "In the western country first, and then in this." Prescription—R. Quinia, grs. xij., to be taken at once; then a warm salt-water bath three times a week; afterwards small doses of rhubarb, calomel or blue mass (the latter said to be the mildest preparation of mercury), gently to move the bowels.

Next, a female, aged 42 years, with cough and disease of mucous follicles, was presented. The seat of her disease was diagnosed to be in the stomach, and the doctor prescribed an alterative treatment as follows. R. Aloes, gr. j.; rhei, grs. iij.; tart. emet., gr. 1-16; calomel, gr. 1-8. M. Ft. pil. Take each night. This he said had been christened Dr. Mitchell's pills *par excellence*. With this he had found no fault, as he made no secret of it.

A little boy with *tinea capitis* came next. Prescription—affusion twice or thrice a-day with cold water, and no other treatment. An exceedingly emaciated child was then presented, which had suffered long with the summer complaint. A dessert spoonful of cod-liver oil three times a-day, and a warm salt-water bath at night, made up its treatment. For a woman whose right lung was diseased, the Professor prescribed cod-liver oil three table-spoonsful a-day, after having put half a dozen *sardines* into the bottle to remove all the nauseous or unpleasant taste—quite a desideratum. Dr. M. is the most *ready*, off-hand prescriber I have ever seen.

Prof. Pancoast presented a lady upon whom he had operated a week before for carcinoma of the mamma. The whole gland was removed. She appeared to be doing well. Dr. P. looks like an efficient, healthy, go-a-head man—as though his professional services had not worn down his constitution.

To-day attended Dr. Carson's lecture, at the University, which was on *soap*. The doctor reminded me of the saying of one of the cotemporaries of Dean Swift, that the "Dean could polish a broom-stick;" and Dr. C. certainly *polished* soap. He informed us that the *red* color in Castile soap is owing to *iron*; that when we find the term *sapo* used in our pharmacopœias, it always means Castile soap, while other soap is always characterized by the term *sapo vulgaris*. Soap is a good *emetic*, and should always be resorted to when poison, like sulphate of copper, or corrosive sublimate, has been taken, and when albumen is not at hand.

I also attended the lecture of Dr. Wood, one of the authors of the United States Dispensatory. It was on cutaneous diseases, especially those of a *pustular* character, of which he exhibited many excellent specimens. The lecture was confined to lichen, impetigo, and acne. He represented the latter as a *safety-valve* to the system, usually occurring at that age when the growth of the body ceases and there is a surplus of nutrition, and which, if not thrown out upon the surface of the skin, might result in hemorrhage from the nose or lungs, or in the development of phthisis.

Dr. W. is a very correct lecturer, and while there is no effort at display, no rhetorical flourishes, there are great precision and purity of diction. It is pleasant to find a man, like him, possessed of ample means,



and verging to the decline of life, devoting himself most assiduously to the good of his fellow men and to the advancement of medical science.

I also attended Dr. Gerhard's clinic and operation at the Pennsylvania Hospital. This Hospital was founded by William Penn, whose statue stands in front of the edifice. Prof. G. examined a young man with an aneurismal tumor. He advised him to live temperately and to take no stimulants. With *proper care*, he informed the class that this young man would live as long with this aneurism as *without* it. He prescribed small doses of *digitalis* occasionally, and no other medicine.

Mr. Norris, surgeon, came next, and amputated the fore-arm of a man injured in the Mint. The operation was *well done*; but the Professor speaks in a voice quite too low to be heard by those whom he addresses.

Oct. 8th.—Attended five of the preliminary lectures at different colleges. These lectures are neither of the *regular* courses, nor *introductory* to them, but given for the purpose of the professors' showing themselves to the students, who are now pouring into the city by hundreds. In the language of one of the professors, they are given to get as many students as possible, upon the principle that "*dog eats dog*." There is verily a *rivalship* in this matter, and the arrival of fifteen hundred students in the city seems to make a very general sensation. Boarding-houses calculate upon a harvest—clergymen preach special lectures for the students—and the professors, in the various colleges, put on their best bow, and display hecatombs of bones and hosts of mummified preparations.

The first lecture attended to-day was by Dr. Allen, the new Professor of Anatomy in the Pennsylvania College. It was on the anatomy of the ear, and was illustrated with a large model and plates to match. Dr. A. is an exceedingly *exact* anatomist and an excellent lecturer. He was a Massachusetts man.

The second lecture was that of Prof. Smith, of the same College, on the physiology of the ear. I have rarely, if ever, heard a finer lecture, either for elegance of language, elocution, or correct and useful exhibition of the *functions* of the various parts of the auditory apparatus. These are both young men, and under such professors the Pennsylvania College must flourish.

The next lecture was by Prof. Vandyke, of the Philadelphia College of Medicine. His subject was *quackery*—and he found it in every thing, among all professions and classes of men. He remarked that it was generally called by a milder name among others, than it was in the medical world. It usually went by the name of *humbugery*.

Prof. McClintock, of the same college, gave the next lecture of the day, upon the blood, and other fluids of the body. He is a plain, outspoken man, saying just what he pleases without fear or favor. The lecture was characterized by good sense and correctness, and showed that the doctor knew where his strength lay.

In the afternoon, I heard two of the Professors at the old University College. The first was Dr. Pancoast, whose lecture was on the circulatory system. It was about what all our school-boys in Massachusetts

can tell, who have studied physiology in the public schools—the clear and common description of the circulation. Dr. P. appears well, but the lecture was not distinguished for that correctness and precision of language which was characteristic of some of the other lectures.

Then came Prof. Mütter upon the treatment of syphilis. Perhaps I may say he has not his superior as a lecturer, in this or any other city in America. He took up the first manifestations of this disease in its four forms of chancre.

First, the simple or common follicular chancre, consisting only of a white spot with a slight redness around it. Cauterization was the treatment recommended for this kind of chancre, and no constitutional prescription, that is, when taken early. But when it had progressed longer than five or six days, or when there was much inflammation, or if the constitution was irritable, cauterization must not be relied upon; if very irritable, not made at all. If medicine was demanded, it should be mercurial, and continued only till a slight impression was made upon the gums. Salivation was unnecessary. Half a grain of the proto-iodide of mercury night and morning was the dose.

Second, furuncular chancre, characterized by an abscess, which should be opened immediately with the lancet and the water discharged—then apply warm poultices, poppy fomentations, slippery elm, &c.

Third, Hunterian chancre—commences with a pimple, which heals up, leaving the centre ulcerous, and a circular, deep and excavated scab, having the base and edges as hard as cartilage. Mercury the remedy; if pale, a meat diet; and if plethoric and full, bleed. Continue the mercury till the ulcer shows some improvement; if the gums become affected, stop, and in a few days begin again. Apply aromatic wine for a local wash; change, if necessary, to the black wash. Put him upon an alterative plan, corrosive sublimate 1-16th of a grain three times a-day.

Fourth, the phagedenic chancre. 1st, the black chancre; 2d, the white. Mercury will do no good. Strong nitric acid should be applied upon lint. If feeble, give tonics, beef, &c. Apply a carrot poultice; local bleeding, if necessary; use mercurial fumigation, where the mercury will not take hold of the system.

Lastly—attended two of the introductory lectures at the Homœopathic College. I did not learn the name of the gentleman who gave the first, and, indeed, it was just as well, as the lecture was an *infinitesimal* in every sense of the word.

The second was by Prof. Loomis, and was a well-written and well-spoken essay upon homœopathic medical science and practice. The college is a fine building, and the museum good. \*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 27, 1852.

*The Salivary Glands.*—M. Charles Bernard, the well-known French physiologist and anatomist, after a long and careful study of the salivary



glands, has discovered, that each of the three common to most mammals, furnishes a different secretion. The saliva from the sublingual gland is viscous and adhesive, incapable of penetrating substances, but admirably adapted to cover their surface with a viscid coating which much facilitates their being swallowed. On the contrary, that from the parotid gland, is thin and watery, easily penetrates substances submitted to its action, and thus assists their assimilation. The saliva from the submaxillary gland partakes of the nature of both the others.

The verification of these facts was established by macerating portions of the membrane in water (as well as by actual experiment on living subjects), the liquid in which the membranes were soaked presenting the same character as that of the secretions. M. Bernard considers the secretion from the parotid gland as especially designed to assist mastication, more particularly as its amount varies according to the nature of the food masticated. The parotid glands of a horse fed on perfectly dry food, secrete a greater quantity than when the food of the same animal is moistened, or is of a succulent character. Similar results have been furnished by experiments on dogs and rabbits. It is likewise an extraordinary fact, that this gland will secrete, in the course of one hour, saliva, weighing ten times the weight of its own tissue;—a wonderful example of the rapidity with which that secretion can be separated from the blood under certain circumstances, and proving the fallacy of drawing any conclusion from the quantity secreted within a given time. The sublingual gland remains inert during the process of mastication, but as soon as deglutition commences it begins to act, and envelopes, or rather lubricates the macerated substance with its viscid secretion, facilitating its passage to the stomach. The office of the submaxillary gland has much to do with the sense of taste, its secretion diluting and diminishing the pungency of sapid substances, and at the same time decreasing their power of cohesion. These glands are identical in texture, although so different in their secretions. "Each gland," says M. Bernard, "having a special act, its function is exercised under separate and independent influences. Notwithstanding the discharging into, and the mixture of their secretions in the mouth, their use remains distinct."

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*Use of Tobacco.*—No person has written more or better on tobacco, than Dr. Tabor, of Shelburne Falls. He has treated it in all its forms, and therefore the literature of tobacco has been a fruitful topic in his hands. We had thought that he had exhausted the subject, so that no more could be said not already familiar to the reading public. Somebody, however, has written what is called the diary of a clergyman who was greatly addicted to both chewing and smoking, which is excessively amusing, while it inculcates the inconvenience of the practice to the individual who is a slave to the habit. Not a word in regard to the effects on the salivary apparatus is introduced, beyond now and then an inference very naturally drawn from the narrative. At the close of the diary, is an appeal to the ladies, by the Rev. George Trask, of Fitchburg, Mass., respecting the wrongs they endure from the common use of tobacco, which are set forth in a new aspect. He argues that sleeping with a tobacco consumer actually affects the health of a person who does not use the article. This has not before occurred to us, but on examination of the facts, there appears some reason in the statement. There are so many anti-associations in New England, having in contemplation revolutions in habits, morals and sentiments, that

a mere catalogue of them shows that the chart of their proposed reformation is immense. Those who have given in to half of them, must be very good people, if conforming to the requirements and demands of each, strengthens one's claim to that distinction. Smoking and chewing are attacked with vigor, but with what success remains to be ascertained. Our climate is certainly unfavorable to the practice of these habits, and physicians have never hesitated to proclaim this truth. That various indications of bad health have their origin in the excessive consumption of tobacco, is not denied; but since reason is given men to guide them in the use of the bounties of Providence, to that monitor and the persevering efforts of reformers, we relinquish the field of the anti-tobacco crusade—with a simple expression of the belief that those who use the least tobacco are the best off.

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*Illustrated Catalogue.*—Very rarely, if ever, has a catalogue of scientific books been distributed of a more inviting character than the one lately issued by Messrs. Blanchard & Lea, of Philadelphia. It is a pleasant entertainment to examine the specimen plates with which it abounds, as they are really of high artistical value. Such is the reputation of the house for its valuable professional publications, that the mere mention of their names on the imprint of a book, is a strong presumptive evidence of its claim. This catalogue is important for reference, to ascertain where works may be found, the character of the edition, and other matters which it is always satisfactory to a purchaser to understand.

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*Dr. Childs's Address.*—When the new college edifice for the Berkshire school of medicine was dedicated, Aug. 5th, the veteran professor of Theory and Practice, H. H. Childs, M.D., made an address, which abounds with pleasant reminiscences, that might have been extended half-a-dozen pages more, without wearying the reader. As for the audience, if like most others in New England, they would have thanked him for another half hour upon the medical antiquities of Massachusetts and New Hampshire. Dr. Childs has carried the Berkshire Institution through long years of trial, and triumphed in giving it stability, character and prosperity; and long may he live to enjoy the results of a well-earned fame.

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*Dartmouth College.*—Those who have an interest in the Granite State, of course feel a pride in its only college, which has been the nursery of many great minds. It would be inappropriate to speak particularly of the academical department in this place, which enjoys the confidence of all good men and scholars. Of its medical division, however, we have no hesitation in saying, that it has been sustained, from the days of its founder, Dr. Nathan Smith, by a succession of able men; and at no period have the faculty had the entire confidence of the profession and of the people, at home and abroad, more firmly established than at the present hour. A recent catalogue, politely furnished from an unknown source, presents the college in a flourishing condition. In Professor Hubbard, chemistry is destined to have a position which it does not have in all medical schools of our country. The lectures will close Nov. 10th. Of the Chandler Scientific School, another department of recent creation, by the gift of *fifty thousand dollars*, which is unquestionably confided to able hands, we fully intend to say considerable, when the names of the teachers and the pro-



gress of instruction are better known, because it looks as though medical students might derive great advantages there, at a moderate price.

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*Massachusetts Medical College.*—On Wednesday next, the annual lecture term commences in the Grove-Street College, in this city, under auspices of the most favorable character. Dr. Channing has returned from Europe, invigorated by a tour both extensive and agreeable. He will be able to lay before the class the latest discoveries and improvements in the important department confided to his charge. As to the other gentlemen occupying the various chairs, it is needless to recount their eminent qualifications. The Massachusetts General Hospital presents extraordinary advantages for the study of diseases, and in operative surgery the field is unsurpassed in this country. Order, efficiency, science and skill distinguish the institution. With these and other appliances, we look with confidence to the onward success and influence of this excellent school of medicine. The introductory lecture will be delivered at 12 o'clock on the day above mentioned, by Prof. Jacob Bigelow.

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*Vermont Medical Society.*—An abstract from the records of this society for the last three years, has been received. The constitution and code of ethics, are excellent. Whole amount in the treasury Oct. 22, 1851, \$36 17. Dr. Goldsmith, of Castleton, is president. The transactions of this society are too meagre, if this is all. Probably the next meeting will be more prolific in matter of general interest to medical readers.

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*The French Language—Medical Students.*—From the first of October to April, a course of readings, conversations and lectures are given in Boston, in the French language, by an association—the French Institute; which is an important affair to merchants and literary men, and no doubt a sufficient number of both avail themselves of the advantages thus brought to their doors. We have been thinking that medical students would also be much profited by simply setting apart two evenings in the week, for these important exercises. Some of the best works in anatomy, physiology and surgery, as well as in other sciences, are written in that language. Besides, it is an accomplishment of the first character in social intercourse, to be able to speak it. Medical students scarcely feel qualified to commence professional business without first visiting France; but how many are the wiser for the voyage, who cannot understand a sentence of the language in which all the clinical instruction of the hospitals of Paris is given. We recommend, therefore, to young medical aspirants, while in attendance on the winter course of lectures, to register their names at the Institute in Bromfield st. While they are pursuing their legitimate studies, they might, by appropriating a small portion of the time usually given up to other pursuits, or to recreations, learn to read, write and converse very satisfactorily, and thus lay the foundation for future progress, pleasure and usefulness.

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*Manakins.*—It was a gross mistake for the agent of the Paris manufacturer of these much-prized substitutes for dissection, to fix upon Albany for a depot. Why not have Boston or New York? No arguments are neces-

sary to prove that either would be better than Albany, to accommodate purchasers.—All this reminds us that a beautiful manakin, a female figure, has just been imported here, that might be purchased a little short of five hundred dollars. Any institution or individual in want of an accurate, artistical model of the kind, would find it good economy to secure this at once, by calling on the editor, who will give the necessary address.

*Medical Men and Passports.*—A lady, while travelling, having been seized with cholera at Ostrowo, on the confines of Poland, sent for a physician, who was refused permission to cross the boundary, as he had not a passport. The lady died from want of medical aid.—*London Lancet.*

*Medical Miscellany.*—J. E. Tyler, M.D., of Salmon Falls, N. H., has been appointed Superintendent and Treasurer of the State Asylum for the Insane, at Concord, N. H.—Drs. Safford and Ensign, of Tariffville, Conn., are suffering severely from puncturing their fingers in a post-mortem examination.—Dr. C. G. Grana, a distinguished Swedish physician, was recently in England on a sanitary inquiry for his government.—Dr. Wm. Macgillivray, professor of Natural History in Marischal College, Aberdeen, Scotland, recently died. He was author of many works on natural science.—Dr. James Mitchell, of Wellfleet, Mass., has been appointed Steward of the United States Marine Hospital Chelsea, Mass.—A horse actually dropped down dead, from fright at seeing a locomotive and train coming in at Frankfort Ky.—Mrs. Margaret Mason, of Trapp, Montgomery County, is 102 years old, and in fine health.—A correspondent says that the dental depot of Messrs. Jones, White & M'Curdy, Tremont Row, Boston, was established in 1850, and is therefore the first or ancestral one of New England—a correction we are happy to make.—Cholera was appalling in California at the last advices.—Prof. Thompson, of the University of Vermont, at Burlington, has entered upon his duties in the chair of Chemistry and Natural History.—Col. Fallen has built a dispensary for the Medical College, Cincinnati, at a cost of \$20,000, and secured a perpetual revenue for its support.—Surgeons are represented to be in demand for Australia emigrant ships, at Liverpool.—Cholera has broken out at the Bahama Islands, for the first time.—Mrs. Sanderson, of Lexington, Mass., died lately at the age of 105; and Mrs. Cunnings, at Canaan, N. H., 108.—Report says that typhoid fever is prevailing alarmingly at Marblehead, about ten miles from Boston.—Cholera is raging terribly in Persia.—Since the Royal Orthopedic Hospital, Bloomsbury square, was opened, it has been the means of restoring upwards of 12,000 cripples, and there are now 700 under treatment, while 320 are waiting admission.

*MARRIED.*—At Hingham, Dr. Robert W. Oliphant, of St. Louis, Mo., to Sarah M., daughter of David Harding, Esq.—Dr. John Dickerman, of Brattleboro', Vt, to Miss C. Thompson.

*DIED.*—In Charleston, S. C., Dr. Cleveland; Dr. Dailey, of the same State; also Dr. Young.

*Deaths in Boston*—for the week ending Saturday noon, Oct. 23d, 64.—Males, 38—females, 26. Accidental, 2—asthma, 1—apoplexy, 2—consumption, 14—convulsions, 4—croup, 2—cancer, 1—dropsy, 2—dropsy in head, 4—infantile diseases, 5—fever, 1—typhoid fever, 5—scarlet fever, 4—gangrene, 1— hæmorrhage, 1—disease of heart, 1—intemperance, 1—inflammation of lungs, 5—old age, 1—palsy, 2—pleurisy, 1—teething, 1—thrush, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 4. Americans, 22; foreigners and children of foreigners, 42.



*Binocular Microscope.*—At a meeting of the Physico-Medical Society, on Saturday evening, 2d October, Prof. J. L. Riddell called the attention of the society to an instrument of his own invention and manufacture, which promises to be of incalculable advantage in microscopic researches, especially in the prosecution of microscopic anatomy and physiology.

He remarked, that he last year contrived, and had lately constructed and used, a combination of glass prisms, to render both eyes serviceable in microscopic observation. The plan is essentially as follows: Behind the objective, and as near thereto as practicable, the light is equally divided, and bent at right angles and made to travel in opposite directions, by means of two rectangular prisms, which are in contact by their edges, that are somewhat ground away. The reflected rays are received at a proper distance for binocular vision upon two other rectangular prisms, and again bent at right angles, being thus either completely inverted, for an inverted microscope, or restored to their original direction. These outer prisms may be cemented to the inner, by means of Canada balsam; or left free to admit of adjustment to suit different observers. Prisms of other form, with due arrangement, may be substituted.

This method proves, according to Prof. Riddell's testimony, equally applicable to every grade of good lenses, from Spencer's best sixteenth, to a common three-inch magnifier, with or without oculars or erecting eye-pieces, and with a great enhancement of penetrating and defining power. It gives the observer perfectly correct views, in length, breadth and *depth*, whatever power he may employ; objects are seen holding their true relative positions, and wearing their real shapes. In looking at solid bodies, however, depressions sometimes appear as elevations, and *vice versa*, forming a curious illusion; for instance, a metal spherule may appear like a glass ball silvered on the under side, and the margin of a wafer may seem to ascend from the wafer into the air.

With this instrument the microscopic dissecting knife can be exactly guided. The watchmaker and artist can work under the binocular eye-glass with certainty and satisfaction. In looking at microscopic animal tissues, the single eye may perhaps behold a confused amorphous, or nebulous mass, which the pair of eyes instantly shape into delicate superimposed membranes, with intervening spaces, the thickness of which can be correctly estimated. Blood corpuscles, usually seen as flat disks, loom out as oblate spheroids. Prof. R. asserted, in short, that the whole microscopic world could thus be exhibited in a new light, acquiring a ten-fold greater interest, displaying in every phase, a perfection of beauty and symmetry indescribable.—*N. Orleans Monthly Med. Register.*

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*Diluted Hydrocyanic Acid as a Topical Application in certain Affections of the Eye.*—The above application is highly recommended by Mr. Soliman in the *Medical Times and Gazette*, in certain forms of strumous ophthalmia—often so perplexing to the surgeon. He uses one part of Scheele's Prussic acid, diluted with two parts of distilled water. It may be used with marked advantage, when the acute stage, says Mr. S., has been subdued by appropriate treatment, or in cases where the symptoms of irritation are greater than those of vascular excitement. The lingering chronic stage, with the liability to relapse, is averted; dimness of vision, intolerance of light, and profuse lachrymation, quickly yield to its calmative powers.—*N. Orleans Medical and Surgical Journal.*

# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 14.

### EMPIRICISM AND ITS CAUSES.

An Address, read before the Southern District Medical Society of Bristol County, May 12, 1852, and communicated for the Boston Medical and Surgical Journal.

BY P. W. LELAND, M.D.

[In the following discourse I have used the terms *empiric* and *quack*; *empiricism* and *quackery*, indifferently, though etymologically considered they are not, in fact, convertible terms; the first and third being legitimate words from Greek roots, signifying, *attempt*, *trial*, *experience*, or an *experimenter*; while the term *quack*, is of doubtful origin, and means simply a *pretender* or *boaster*, and does not include the idea of experience at all. An *empiric* may be honest, while a *quack*, in the strict sense of the term, can lay claim to no such virtue; nevertheless, custom sanctions the use of the one for the other, at the option of the speaker.]

DUBOIS it was, I think, who defined a physician to be—one employed to amuse his patients while nature cures their diseases. Whatever, in this particular instance, may have been the spirit in which this *pointe d'esprit* was uttered, it is fortunate for the world that ridicule, so often levelled at the utility of medical science, by those in health, has no charms for suffering humanity in moments of physical prostration; nor can the want of invariable certainty in our art operate as a valid reason for rejecting, when demanded, that skill to which time and experience have given their sanction. We boast not of having mastered all "the ills that flesh is heir to;" we pretend to no infallibility in the cure of diseases; we claim the possession of no panacea. The utmost length and breadth of our claim is that certain great truths have been established, which, in their totality, constitute the existing splendid fabric of medical science; not, it is true, an exact science, but a science fully and fairly entitled to all the dignity claimed for it by its intelligent votaries. If it lack the perfection conceded to pure mathematics and to some few of the physical sciences, its foundations are broader and deeper laid than are those of moral philosophy or even political economy, sciences, upon the assumed truths of which, the mass of the learned and well-informed hourly stake many of their dearest hopes, both for time and for eternity. It is, to-day, what the accumulated wisdom of ages has made it, still imperfect in some of its details, but never for one moment halting in its onward march to the conquest of new truths. And yet this science never has met with universal approbation. It does not now, and probably never will. Such is the constitution of the human mind, that much which is true in itself (but which cannot be readily understood), will be doubted or repudiated by no inconsiderable



number in every community. This is emphatically true where want of knowledge and freedom of thought co-extensively prevail. To this condition of society we have long been accustomed to attribute the prevalence and spread of quackery. Our books so account for the fact, and learned practitioners have generally acquiesced in the sufficiency of the reason assigned. But late changes in the social condition of some portion of the civilized world create distrust as to the correctness of this conclusion. If it be true, *how happens it that empiricism still continues to flourish in unabated vigor, despite the general intelligence of the current age?* The fact that it does so is, I believe, undeniable. The evidence of it meets us at every turn. We see it not less in the city than in the country. Every where whole communities are under its sway. Many of its votaries, or its victims, whichever you please, are known to possess extraordinary shrewdness of intellect, and not a few of these show themselves, in their way, keenly alive to the great and best interests of their fellow creatures. Now if this be so, and no one can doubt it who has turned attention to the subject for a moment, there must be for it some sufficient cause which, as conservators of the public health, it concerns us to know. I propose, therefore, in the following pages, to answer the above inquiry. And if, in the progress of the discussion, it shall be found that we ourselves, wittingly or unwittingly, are, in part, responsible for the prevalence of the evil about to be considered, I trust we shall not shrink from the exposition. An evil clearly comprehended is an evil half overcome.

Writers generally, in treating this subject, assume that the pretensions of empiricism, in all forms, are beneath the dignity of sober refutation. Ridicule, we are told, not argument, is the weapon with which to combat the absurdities of unlearned pretenders to a knowledge of the healing art. So say our writers of books; so say our learned reviewers; so say our lecturers; and so all, or nearly all, have said and practised for a period since when "the memory of man runneth not to the contrary." Yet quackery still flourishes, and if we may judge by the effect produced, grows fat upon the witticisms with which the learned and the scientific have combated its pretensions. Truth, nevertheless, compels us to declare we have gained nothing by this mode of warfare. It is a game at which two can play without the achievement of victory to either party. With all his wit, Sheridan at times found a rival, and even Foote was often worsted on his own peculiar domain. Ridicule may silence, but never convinces. It proves nothing, and oft repeated, it half cures the wound which its initial utterance inflicts. Like an effervescing draught, its effects are gone as soon as the play of affinities ceases. We may raise a laugh at the empiric's expense: he does more; in return for it, he raises a prejudice against us which no ridicule, however fine, ever effaces. His deadly hostility becomes more than a counterpoise to our wit. His social position often allies him directly and closely with the masses. With these he is sober and earnest. He is understood by them, for his habits of thought, his feelings and his education place him upon the same great level with themselves. While we in our journals laugh at his pretensions, he is at the hearth-stone of some confiding disciple, or in an obscure pub-

lie inn, or at some country store, surrounded by his friends to whom he is explaining his system, or boasting of his achievements, and among whom he is inspiring a confidence against which the arrows of our ridicule fall as upon a breastwork of adamant. We must remember, too, that the empiric of to-day exists in obedience to a demand which neither law, nor reason, nor we, if we would, can prevent. He appears amongst us the legitimate offspring of that spirit which for ages has been struggling in chains, but which just now is freeing itself, limb after limb, and in thunder tones demanding unconditional enfranchisement. That spirit comes to us in the voice of a free, thinking, restless multitude, in the fresh exercise of its own great prerogative, untrammelled and eager to question, not alone conclusions of the hoary past, but opinions and systems, the dearest cherished, of the existing hour. It demands a hearing, and that hearing it will have. Thrones may crumble at its approach, old institutions be aroused from the slumber of ages, and things held sacred wither in the breath of its nostrils; yet heard it will be, and woe to him who turns a deaf ear to its questionings. Nor must we forget that the empiric of to-day is a true and legitimate exponent of a countless host proclaiming the right to decide for itself the measure of its own obedience to the demands of authority. Call this host fanatic, if you will, nevertheless it is shrewd, impatient and energetic in the accomplishment of its own ends. It undertakes the solution of great problems without the intervention of patient toil, and rejects as worse than useless, what it does not comprehend. In its grasp a single idea becomes a *system*, and the wisdom of the past but a cracked bauble, hardly worth preserving.

Antagonistical to this boiling current of empiricism, medicine, as an art and a science, presents itself, and claims, without ostentatious pretension, to be heard. It has no secrets by which to delude the multitude; it plays no tricks by which, for the moment, popular favor may be secured. Rich in recorded facts, and boundless in its field of research, it challenges commendation to the extent only of benefits conferred. To the world it speaks plainly, and its true followers, in the performance of duty, shrink from no responsibility. In the acquisition of this science the severest tasks are imposed. Long years are consumed in its elementary preparation, fortunes expended, and toils, neither few nor fascinating, endured, such as they only may comprehend who have trod its rugged paths. Besides its own appropate fields of research, it lays under contribution every principal science with which learning has adorned and blessed the world: chemistry, natural and mental philosophy, mechanics and medical jurisprudence, all have become essential to its completeness; and yet as a profession medicine possesses scarcely a single element of popularity. Unlike law and divinity, its professional displays are rarely open to the public gaze. Around the forum we are idlers, at the foot of the altar we are silent. We deal with humanity when life and health are at stake, and when hope, against despair, is trembling in the balance. The lawyer and the divine address the reason and the passions of the eager multitude; we speak to one at a time, and this in subdued tones, in the silence and seclusion of the sick chamber. They gather the fruits of their labor in



the hour of performance ; the results of our work are rarely immediate, and still more rarely striking.

Now, to these vast scientific requirements, and to the want of striking results in practice, is, I think, fairly attributable much of the gross empiricism of the present day. As causes, they support each other. The quack possesses few or none of the first requisites. He is generally ignorant, often deplorably so, and what is lamentable, seems to glory in this ignorance. For anatomy, physiology, or chemistry, he has no use. It matters not to him where the lungs or the liver lie, or what are their respective offices in the animal economy ; and as to the heart he knows not, and if he did know could make no use of the knowledge, whether the organ be muscular or tendinous in its structure. Chemistry to him is more abstruse than Greek, and the compatibility or incompatibility of united substances never for one moment disturbs the complacency of his dreams. His system of Nosology is either a *unit*, or expands, as in the system of Hahnemann, till, like Pascal's definition of space, its circumference is nowhere. His *materia medica* commences with steam or lobelia, and ends in the shady shadows of Homœopathy. Or, if too knowing for this, he gets up a quarrel with mercury and the lancet, erects a Botanic College, and swears by his *herbarium* that every land *grows* a remedy for its own diseases. Nevertheless, a modicum of charity is due to the empiric. A difficulty insurmountable to him, and often not a little embarrassing to students of higher pretensions, meets him the moment an attempt is made to master any portion of our science. He does not, and can not, with his usually limited classical knowledge, understand our plainest authors. He finds our works loaded down with, to him, strange terms, which he can hardly pronounce, and of whose significance he has no conception. This is an obstacle fatal to his advancement, and a hindrance to us, which, if possible, we would gladly be rid of. The evil, however, is incident to the barrenness of our mother tongue. The Anglo-Saxon, rough and rugged, as the people who uttered it, contained few or no scientific terms, for the reason that science was unknown among those who used it. With them, as with every people, their language was bounded by their wants. They could not have words for ideas which with them had no existence. They could not have terms for things of which they had no knowledge.

But this is not all. The Anglo-Saxon is destitute of the radical germs necessary for the composition of new terms which, as in Greek, describe while they designate. Its terminology is rough and inharmonious, and though its power of reception is boundless, it lacks the capacity of euphonious coalescence. Such is the language from which our present strong, copious, and, I may add, truth-telling English sprang.

On the revival of learning, when the arts and sciences began to be cultivated, it therefore became necessary either to coin new terms, or to adopt from other languages such as would supply the new want. The latter course, partly from vanity, and partly from the necessity of the case, was resorted to, and when the requisite terms, in simple forms, could not be found, recourse was had to the expedient of compounding, from Greek, or other roots, words descriptive of the things signified. To this mixed, and somewhat incongruous language, all the sciences are indissolubly

wedded, and no one more so, perhaps, than is the science of medicine. So extensive is this mixture of tongues, that almost every page of our professional books presents the appearance of a foreign dress—a kind of Greeko-English, which to be understood requires to be mentally translated while in the process of utterance. In fact, the most ingenious display of circumlocution, pushed, as it may be, to the extreme verge of vulgar plainness, often fails us in attempts at describing to others the simplest professional truths. This is unfortunate—unfortunate, because we are liable to be misunderstood by others, and may not always be perfectly sure that we understand ourselves! The die, however, is cast. The language of medical science, though it may and should be simplified in some of its departments, cannot be materially changed. Our literary costume has become essential to our permanency and progress; and though it may be coarse and cumbersome, it has advantages, not the least of which is its universality as a medium of communication, among nearly all the enlightened of the civilized world. Nevertheless, between the profession and the popular mind it interposes a barrier over or through which the uninitiated rarely pass. Of this fact the shrewd and watchful empiric is cognizant, and to the world he speaks in terms of biting sarcasm of our “big” words and high-sounding phrases, characterizing the whole as the “*vox et præterea nihil*” of professional pedantry—words or phrases full of sound signifying nothing. With an air of triumph he puts the inquiry: “If you mean to be understood, or have any meaning, why not speak in language plain to the comprehension of common minds? Why give foreign names to diseases which may be more easily designated in our own plain English? Why divide and subdivide diseases until definition is lost in unmeaning verbiage? Why bestow upon common remedies uncouth Latin names, which nobody but yourselves understand?” To such inquiries we can reply in a manner entirely satisfactory to ourselves; but our reply is not and cannot be appreciated by nearly a moiety of those with whom we are daily brought in contact. To great numbers in every community it is worse than useless to declare that our designations and distinctions, both as regards diseases and remedies, are essential to a proper understanding of our art. Such see not why Latin or Greek terms can be necessary under any circumstances; and so thinking, our use of them is, perhaps, nine times in ten, regarded as little better than a miserable trick to conceal our weakness. The quack, on the contrary, makes himself understood. He has a familiar name for all diseases, and for all his remedies: or, if he uses a secret preparation, its name has been made already familiar, and its virtues established by the testimony of the current almanac, or the last weekly newspaper! If, nevertheless, as is generally the case, his talk really means nothing, it is always in manner so homely and house-hold like, that his patients *think* they comprehend him, and this is all the quack requires for his success. The understanding of the multitude is the measure of his own. He would equal, but never surpass it. He wishes to be its accredited exponent; to be more, would ruin him.

But other causes, more direct and not less powerful, contribute to the prevalence and spread of empiricism; and among these, as signally po-



tent, may be reckoned the *occasional success of quackery*, where skill and science have apparently or indubitably failed. Cases will never be wanting in which the resources of our art either are, or seem to be, exhausted without appreciable benefit to the afflicted. Such, in large circles of practice, are met with almost daily, and this, too, among every condition in life. Cases of this class are, for the most part, anomalous, or if their character be obvious and easily comprehensible, the whole system, in any given case, may have become so involved in a complication of disease, as to admit of no decisive means of immediate or even prospective relief. Remedial agents, which relieve some of the difficulties, seem either to aggravate or to leave untouched others equally dangerous. Under circumstances like these, a truth-loving, conscientious practitioner will avoid all rashness incompatible with the safety of life, or the reasonable expectations of a fortunate issue. He will do blindly no act merely for the sake of doing, nor excite hopes not likely to be fulfilled. And yet a pause—and pause most likely the practitioner will—is nearly or quite fatal to his standing. Sufferers become impatient, or are discouraged, lose all confidence in their long-tried advisers, and if of mature years, and mentally able, not unfrequently at this point commence the study of their own cases. Popular treatises on the healing art are consulted, patent medicines are resorted to, and the drama closes by calling in some *new light* to the profession born.

Here is opened a magnificent field for the shrewd empiric. A regular practitioner has been discarded; it is a neighborhood talk, and all eyes are turned upon the new adviser. To him the case is a *god-send*. With an assurance such as they only can exhibit who know not the magnitude of the responsibility assumed, this *doctor by instinct* engages pompously in the new work to which circumstances, and not merit, have called him. He begins by pronouncing all that has been done precisely what ought not to have been done. He assures his patient that he can detect calomel in every bone and fibre of his system; that the very surface of his body is saturated with the poison; and further, that he has been made the unconscious recipient, to a boundless extent, of twenty other mineral substances, any one of which ought to have *killed* him long ago. All this is to be changed, and changed it is. Now, if the patient die, as most likely he will, the whole matter is suffered to sleep. The event is precisely what every one expected. But if, on the contrary, the patient, by chance—for *rational* design is out of the question—happens to recover, the recovery is at once attributed to the astonishing skill of the empiric. Certificates to this effect are procured, signed by a score of eye-witnesses to the glorious achievement, and the Doctor by instinct becomes a second W. T. Conway, rejoicing, perhaps, in the taking name of Smith, Sweet or Thomson.

Of popular conclusions in the cure of disease, there is no one more unfounded than that which attributes success, in all cases, to the skill of the attending physician. Undoubtedly art does its full share in a vast majority of cases. But there are instances, and these not a few, where restoration to health is wholly unexpected to the attending medical adviser, and where such restoration is clearly unattributable to any well-

understood agency of his own. All the circumstances, taken in connection with past experience, prognosticate a fatal termination. If, nevertheless, contrary to his expectations, his patient does survive, he will neither be so vain nor so dishonest as to attempt the creation of professional capital out of the circumstance. With him, the unlooked-for result becomes a matter of profound study. His reflections upon it are carefully stored up for future use; and the value of these reflections is estimated simply *by the use* to which in future they may be applied. His own reputation, though dear to him, he regards as purely a consequence of his acts, and very properly leaves it to take care of itself. Not so with the empiric. He gauges his success by the number of calls he may have, and assumes, before the public, that every case of his which does not terminate fatally is attributable to his direct interference. Every reflecting mind will perceive at once that the presumption is a violent one. In the absence of facts which, perhaps, never will be demonstrated, I have no hesitation in saying that a large proportion of all the patients attended by the profession collectively, would recover from their ailments were professional advice entirely neglected, providing always that ordinary domestic care were not omitted. Generally it is because the progress and termination of disease cannot be foreseen, that the intervention of art becomes essential. Practitioners, by no means, so often preserve life, as mitigate and shorten physical suffering. The "*vis medicatrix nature*" of the older physiologists underlies the whole practice of our art, and ceaselessly operates with us to a common end. This the man of science perfectly understands; and of success, as it is called, in a vast majority of cases, he makes no boast. He performs simply an ordinary professional duty, satisfying himself and satisfying others that his labors, even in this way, are rarely if ever useless.

In contrast with this, the bold empiric would have it go forth that almost every case which falls into his hands is one of urgency, either immediate or prospective. His real object is to make a parade of himself, and of his method of practice. There is an air of ostentation in all his movements. If a Thomsonian, the steam-box is carted through the streets, and a useless bustle is made even in the chamber of the afflicted. To the public the patient is represented as in imminent danger, or in a hopeless condition. At this precise point, often, the scene suddenly changes; the patient is improving. The public is informed that Mr. or Mrs. A. B., after taking seven lobelia emetics in as many hours, and repeated submissions to the steam process, is greatly relieved and in a fair way of recovery. Now in such cases the great mass of the people do not stop to inquire whether the condition of the patient as reported was really in accordance with actual fact. The report is assumed to be true, and the inference at once is drawn that nothing but extraordinary skill, and a true system of practice, could have produced a change so favorable and so instantaneous. The effect of tricks like these is by no means confined to circles of the uneducated and uninfluential. It extends to all those who have come to regard the uncertainty of medical science, in many cases, as tantamount to its worthlessness in all. Well-educated, high-minded and honorable members of our profession can resort to no



such miserable chicanery. It is wanting in every element of common honesty, and in principle is beneath the tricks of the cheating gambler.

The phase of quackery to which particular reference is here made, no one can mistake, and I trust I shall be pardoned for having presented extremes only in this exposition. Only here and there, it is admitted, can an original be found answering, in all respects, to the portrait drawn ; but the whole tendency of this species of quackery is in the direction I have pointed out. I have referred to a *system*, and not to individuals.

But, in character more imposing than the species of quackery to which reference has just been made, are, at least, two systems of practice now in some repute, which, though it is claimed for both that they rest on scientific principles, deserve a passing notice, inasmuch as they have a direct bearing on the question under consideration. I refer to what is called the Botanic system, *par excellence* ; and the system of Hahnemann, or Homeopathy. Whether the former of these ought, in strict justice, to be placed in the category of systems empirical, is a question to which we shall refer in the sequel. That the latter should be there registered, we have not the slightest doubt. The Botanic system has obtained considerable notoriety in several of the States, particularly in Ohio, New York, and Massachusetts ; in each of which there are regularly incorporated schools for the propagation of its distinctive doctrines. This system took its rise from an avowed conviction, among its early votaries, that the use of mineral substances, generally, as medicinal agents, was not simply unnecessary, but actually pernicious. Intelligent advocates of the system plant themselves on the ground that there are no health-restorative relations existing between substances purely inorganic, and any condition of the living system ; that substances of this character thrown into the human stomach must be regarded, as they really are, foreign bodies, acting for the most part mechanically, and producing specific diseases of their own, rather than curing others. They regard all such substances as poisons ; and poisons they profess to reject, whether animal, mineral or vegetable. Such, in a few words, is the basis of the Botanic theory of medicine. Slight differences, however, it is understood, prevail among practitioners on this system—some using preparations of iron, opium, and perhaps a few other articles, which the theory excludes.

It hardly need be said here, that this theory is bad ; bad, because the experience of the world is against it—and bad, because its premises are false. The medicinal properties of no one article in the *materia medica* were ever yet determined otherwise than by experiment. It was not known, it never could have been known, for instance, that *gamboge* would operate as a purgative, or *ipecacuanha* as an emetic, had it not been found that such were their respective effects when taken into the stomach. Theoretic notions as to how any substance will act on the living fibre, or on the nervous system, formed in advance of an experimental test, are without the slightest practical importance. Until we shall be able to determine, which we never shall, by some general law, applicable to every substance, separately considered, how vital action changes materials taken into the stomach, our whole reliance must be on experience ; and that experience, to be worth any thing, must be the result of long

and careful observation. Now experience the most ample—the experience of unnumbered thousands among the most enlightened of modern times ; of men who could have had no motive for deceiving others, and who of all men were and are least liable to be themselves deceived—bears testimony, clear, full, and unequivocal, to the value of mineral substances as remedial agents. There is nothing hypothetical in the matter. Their power for good, when directed by skill, has been as clearly and as conclusively established, as that of any other fact founded on enlightened observations.

This is all true, perhaps you will say—we knew it all before ; but what has this to do with the question under consideration ? It has a great deal ; very much more than I wish it had ; for it is, as matter of fact, in no small degree owing to some degree of incautiousness in the profession of which we are members, that this exclusively Botanic system has come at all to be regarded with favor. Its chief corner-stone rests upon the pertinacity, not to say obstinacy, of those belonging to our own household. The over-liberal and indiscriminate use of some few mineral substances, especially one of the preparations of mercury, excited, at the time of its acknowledged abuse, a prejudice which shook our system to its centre. There is no denying the fact ; the article referred to, was, at one time, much too often and too extensively employed as a remedial agent.

I refer not to the odium with which the profession has been, and still is, loaded by those who had and have a direct and personal interest in abusing and misrepresenting us in this matter, but to the simple fact that the use of mercury, in its various forms, was, if not too free, certainly too indiscriminate. Underlying the hue and cry that was raised against our immediate predecessors by the malicious, the interested and the uninformed, there existed a sober, calm, and, to some extent, sound public opinion adverse to the freedom with which the profession generally resorted to the article referred to.

One fact, however, is obvious. It must be clear to any reflecting mind, that an article thus extensively used, cannot be other than one of great potency. An inert or powerless drug can never attain a wide spread or substantial reputation. To secure these, any article of a medicinal character, in general use, must possess some well-defined and positive virtues. This is precisely the case with the preparation of mercury in question. It cannot do all that was once claimed for it, but it can and does do, when directed by the hand of skill, what no other single article is capable of doing. The hour of its excessive use has now passed away, and probably no article of our *materia medica* is at this moment employed with more discrimination and certain benefit than the one in question. But be it remembered, before this salutary change was effected, its abuse had sown the seeds of a new system, with which we, as a profession, have now to compete. I apprehend no protracted struggle. The well-educated Botanic physician, for some such their schools will send forth, will not long be satisfied with less than the entire resources of our own *materia medica*. Some few of their number already appear among us, in character semi-scientific ; of no little energy and activity, and not, in all instances, wholly devoid of success. These, in due time, will pass over to



our own ranks, leaving only the bigoted and fanatical to perpetuate a system exclusively *Botanic*.

It was my purpose in the outset to speak somewhat at length on the system denominated Homœopathy. But on reflection, I do not see that it can be made materially subservient to the end proposed. The system appears among us a stranger; and, like its wandering prototypes in the region of infinite space, can be "*seen through*" without the aid of optical instruments. From the stratum it occupies in the crust of society, it may, with propriety, be denominated the *Aristocracy of Quackery*. Unlike its humbug predecessors, it scorned, on its advent, to begin its work in dark corners and out-of-the-way places, among the ill-conditioned and uncared-for of the land, but rapped, at once, at the craniums of the "*upper ten*," and bid for fashion and fame, like an old courtier reduced to the last extremity of his wits for future subsistence. As a system of practice it illustrates John C. Calhoun's idea of "*masterly inactivity*" more beautifully than do the illustrations presented by that statesman himself. It is *placeboism* etherealized; and were it not for the blush of "*filthy lucre*" hanging about its skirts, it might be safe to assume, a mistake had been made in introducing it at all into this world of poor humanity. The system evidently belongs to a more spiritual region. There is an air of impalpability about it, which savors of another sphere. It might pass current among the disembodied spirits in the Paradise of Odin, where the inhabitants feed on shadows, and take their noon-tide nap on virgin dreams; but for a race like ours—a race that surfeits on beef, and has the perversity to contract the gout, it will never answer. Its friends will act wisely to christen it the *Psychological system of medical practice*, and its professors might justify themselves in refusals to answer any calls when it is suspected that vulgar flesh and blood has any sort of connection with a suffering applicant.

Seriously, homœopathy, as a system, rests on no well-established principles of science. Practically, it is a cheat. The shrewdest among its professors do not in any case, where danger threatens, adhere to their own avowed principles. On the contrary, in urgent cases they pour in active, powerful medicines as stoutly as the worst of us. Their *infinitesimals* may be convenient when little or nothing is demanded—when "to wait on events" is our happy lot; but, even regarded in this light, it is not readily seen what advantage they possess over the Indian meal and table salt of an earlier date. That the practice under this system, as some have supposed, has given a salutary check to the administration of excessive doses of medicine, is but an additional delusion to the millions already current, which credulity pays to cunning. That error, in its whole length and breadth, was corrected long before homœopathy had obtained an appreciable notoriety on this side of the Atlantic. It was corrected by the energy of the profession itself. By its enormity it became its own herald, and was arrested by the good sense of our own members. It is, therefore, conceding what has no foundation in fact, to suppose that Hahnemann's theory, or the practice under it, has had the slightest effect in changing our views in regard to the administration of medicinal substances, either as to kinds or quantities.

One additional cause for the prevalence of empiricism I will advert to, for which no small number in our own ranks must be held directly responsible. I do not propose to constitute myself a judge in Israel, but I presume you will agree with me when I say, there is a fatal tendency among members of our profession, no matter where found, to rest satisfied, on entering practice, with their elementary acquirements. In the absence of that salutary collision which exists among members of the legal profession, an isolated practitioner of medicine, unless gifted with a happy command over his intellectual necessities, is apt to fall into a narrow, lifeless routine in the discharge of his professional duties. His library, perhaps, is not large, and access to books generally difficult. What he may have read, though not well digested, now lacks the requisite freshness and novelty to entice him to a re-perusal. He is busy, and too often acquires the habit of hunting up particular information, and this only at the moment when it may be wanted. Great principles, and little details, escape his recollection, and his mind becomes professionally narrow. He finds himself generally able to meet all ordinary demands, and perhaps finally comes to believe that what he cannot do, cannot be done. True, there is a seeming excuse for indulgence in this mental laxity. One whose circle of practice embraces a large extent of territory, must necessarily be much of the time absent from home. His exposure, too, is great; which, added to the want of regular sleep and wholesome relaxation, often renders intellectual application irksome. Under such a condition of life, he too often falls into the bad habit of snatching at books as he does at his dinner, and forgets the next day alike what he has read and what he has eaten. Perhaps, too, from education and standing, his services are required in the discharge of municipal and other public duties. These form an agreeable variety, and undoubtedly contribute something to his social happiness. Nor is he called upon to forego them entirely. The fault is not, on the whole, that he has too much occupation, but really that he lives on without method. He is busy without system. His arrangements are without order; and for lack of these, the seeming excuse is no excuse at all. In the intervals of professional engagement, there is ordinarily full and ample time for all necessary study and for the performance of all other necessary duties. What is wanted is a judicious appropriation of a portion of this time to the great purpose of professional improvement. To the neglect of this, is owing, in instances quite too numerous, the failure of those who otherwise might have acquired, if not eminence, at least great respectability. One thing is certain, the practitioner who does not equal the wants of those among whom his lot is cast, must, sooner or later, divide with another what should have been all his own; and when dissatisfaction comes, he should not be surprised if a bevy of quacks come along with it—quacks who, though by no means his equal in skill, are vastly his superiors in energy and activity.

Now if the evil in such cases were to fall only on delinquents, there would be little or no ground for complaint. But this is far from being the case. The dissatisfied measure, perhaps, with here and there an exception, the whole profession by those of our brethren who, from negli-



gence, have failed in their duty to the public. The number of delinquents may, therefore, be few, while the consequences of supineness in these few are every where felt. Unless a physician is able to exhibit a marked superiority when compared with the quack, he must expect to find the quack a troublesome competitor. It is folly for any man, in this, the middle of the nineteenth century, to suppose that a *diploma* will protect him. He must do more than claim the honors of a Medical College: he must work, and that continually.

A word upon the stability of medical science, and I have done. The general correctness of our system is evinced in the fact that it has outlived all the many thousand theories which in times past the visionary, the interested and the ingenious have offered as substitutes for popular favor. Other systems, quite as rational as existing schemes of empiricism, have had their hour of popularity, but each and all, one after another, have quietly passed away, as the present will, leaving ours still the only system unaffected by the collision. That quackery will ever entirely abandon the earth, we have no reason to expect. Its existence, in some form, is incident to the partial uncertainty of our art; but that our system will ever be supplanted by a new one, in opposition to the essential truths upon which the present is founded, is a moral impossibility. When physiology, and the leading physical conditions of health, shall be universally taught in our high schools and other popular seminaries of learning, we may expect to see the field of quackery both narrower and barren than it now is. Till then, *and then*, we have only to be true to ourselves and true to our art, to insure the achievement of new victories in our future conflicts with physical suffering.

But, gentlemen, do not flatter yourselves that you who are now in practice are speedily to be relieved from *outside* competitors. Were all the Thomsons, Hahnemanns, Sweets, and Smiths, with their respective systems, to pass away within the next hour, new candidates for fame would appear in the field, neither less popular, less sanguine, nor less absurd. Even now, looming up in the distance, is seen approaching, *Madam* in *boots* and *bloomer*, ready to meet you at the portals of life, in order that affected modesty may save her blushes for some less worthy and less holy exposure! Be not, however, chagrined at this advent of the *sage-femme* into your ranks, nor lay your threatened exclusion at heart. The surgeon in due time will share your approaching fate: for what *lady*, (?) having due reverence for female modesty, will, when all the *proprieties* of life are considered, suffer the amputation of a *leg above the knee* at the hands of a *masculine* operator?

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NOTE.—Since writing the foregoing address, a worthy member of our profession within this Medical District has passed away. I refer to Dr. AMORY GLAZIER, of Fall River. Of this gentleman I may speak with confidence. He was a townsman and near neighbor of mine. I had known him for many years, and met him often in most of the relations of life and of good neighborhood. As a practitioner of the healing art, he was intelligent and successful; as a man, kind, obliging and social; and as a citizen, prompt in the discharge of every public duty committed to his charge.

For several years previous to his death, Dr. Glazier had gradually withdrawn from the more active and trying labors of his profession, devoting himself much to the interests of the Christian church, of which he was a worthy member, and to the well-being of his accomplished family, in the bosom of which he sought, and, I doubt not, found the only happiness worth living for. To most of you he was personally known; and to all, I am happy to believe, he was known as one honorable in every walk of life, and alike honorable whether that walk were professional, social or christian. His death occurred March 1st, 1852, at the age of 69 years.

### THE CÆSAREAN SECTION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Should you consider the two following cases worthy of a place in your valuable Journal, you are at liberty to publish them.

CASE I.—July 20th, at 1 o'clock, P. M., I was called to attend Mrs. M., aged 26, primipara, of full, plethoric habit. Found her with face flushed; uterine action strong; skin dry; pulse 120, full and strong. Had been in labor twenty-four hours, and had had convulsions twelve. Had been visited by a physician at 6 o'clock, A.M., who had prescribed a preparation of morphia, which she had taken according to directions during the forenoon. On attempting to make an examination, I found the parts hot and dry, and so excessively swollen as completely to prevent the introduction of the finger between the labia. On using a little force she was seized with a severe fit, which lasted twelve minutes. I immediately bled her to about forty ounces from a large orifice, and administered an enema of assafoetida, castor oil and soap, which operated well; cold applications to the head, sinapisms to the feet and legs, and ordered a tablespoonful of the following mixture every half hour:—R. Tart. antimonii et potassæ, gr. iv.; aqua fontana, ℥ iv. M. I anointed the parts well, and applied a warm bread and water poultice, which I ordered to be renewed every half hour. I remained with her more than an hour. She was comatose, and incapable of being roused; breathing labored, slightly stertorous. She had four or five strong pains while I remained, without any convulsions. I then left her, with directions that I should be immediately sent for if the fits returned. In an hour and a half I was sent for, the fits having returned violently. I re-opened the vein, and took away twenty-five ounces with apparent relief. Swelling of the labia much reduced; could introduce the finger between them without producing any irritation. The enema had operated well; skin moist; pulse 110. Ordered the poultices, mixture, &c. to be continued. I remained about an hour. She had several pains without fits, and I then left her with directions as before.

In an hour I was sent for again, the convulsions having returned with greater severity. The swelling was now reduced, so that I could reach the os uteri, which was undilated. Parts very rigid. I took away fifteen ounces of blood, with the same relief as before. At 9 o'clock the os



uteri was dilated so as to admit the point of the finger. She remained perfectly insensible, sometimes tossing about violently. Pulse 100, and weaker. Was evidently sinking under the severity of the attacks. I suggested the propriety of a consultation, which was had with Dr. Storer at 10 o'clock, P. M. He recommended the rupture of the membranes, which was effected with a knitting needle, and a considerable quantity of the liquor amnii discharged. She had convulsions every twenty or thirty minutes after, increasing in violence and duration till 12½ o'clock, when exhausted nature sought repose in death.

In about ten minutes I performed the Cæsarean section through the linea alba, and extracted from the uterus a male and female child, which had evidently been dead for several hours. The extremities were rigid, contracted and very dark. The male child presented with the occiput to the right-ilio pubic eminence; the female head was high up in the uterus, with back to the mother's abdomen. Os uteri dilated to the size of a half dollar.

CASE II.—August 28th, about 1 o'clock, P. M., I was called to visit Mrs. Q., residing about forty rods from my office; 32 years of age, has been married seven years, and has borne three children. Her first pregnancy terminated in a miscarriage at four months. Has had phthisis for the last twelve months, and been gradually sinking.

When I arrived, the friends stated that she had been dead some minutes, and they were anxious about the child. She had been attacked with a severe fit of vomiting, which terminated in large gushes of blood in quick succession, till it filled a large chamberpot, and she sunk exhausted in a shorter time than it takes to relate it. I felt her wrist and heart, and held a glass to her mouth, but no evidence of vitality existed. She was in the last month of pregnancy, and some woman present had felt the child moving. I hurried to my office for instruments, and when I returned and found no change, I immediately performed the Cæsarean section through the linea alba, and extracted from the uterus a male child of eight months, and apparently lifeless. I put it immediately into warm water, inflated the lungs, applied stimulants to the nose, &c. &c. About fifteen minutes after the operation, pulsation commenced, which extended along the cord about eight inches from the abdomen, very feeble at first, but gradually gaining force, and inspiring hope and encouragement to continue our efforts to increase the little life it had. After an hour's persevering efforts, it gasped once, then again, and a few minutes after the heaving of the little chest denoted the perfect establishment of the respiratory function. God had breathed into its nostrils the breath of life, and the little creature became a living soul. I had it wrapped up warm in cotton wool and flannel, and kept near the fire. About three hours after the operation, it began to cry pretty strongly. It is now seven weeks old; it nurses and feeds well, and is thriving fast. It weighed five pounds when born, and now weighs eight and a half pounds. No post-mortem of the mother could be obtained.

If any of my professional brethren should wish to see the child, I shall be most happy to introduce him to my little Cæsar. T. R. OWENS,

*Boston, Oct. 14, 1852.*

*7 Warren Sq.*

## THE "OBSTETRICAL SUPPORTER" IN CASES OF LABOR.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late number of the Journal, you ask for information in regard to the practical utility of "Finch & Blaisdell's Obstetrical Supporter." Within the past three years, I have used it quite frequently in my practice, and, without endeavoring to pen an extended article, I will endeavor to convey to your readers some general idea of it and its advantages.

The supporter consists, essentially, of a pad, to be placed upon the loins, and upper portion of the sacrum, or where the patient desires pressure, when in labor. To this, are attached straps that buckle in front of the shoulders, and prevent its falling, or slipping too low down upon the hips. At each end of this back pad, are rings, through which pass straps terminating in a loop through which the feet pass, and are supported as in a stirrup. At about as low as the knee, in these straps, are rings through which other straps are buckled for the hands to grasp to give support to them.

The part of the apparatus above described, when in use, acts as follows:—When the pains of labor are felt, the patient is inclined to push with her feet, and draw with her hands; and let her position be either the recumbent upon her side, or her back, or the sitting, either upon a chair, or the edge of a bed, the pressure upon the loop of the strap with her feet, brings the back pad firmly against the place where her back requires support, and, without the aid of an assistant, the back, the feet, and the hands, are at once supported as long as the pain continues. As that passes away, the muscles of the patient are relaxed, and she is at once relieved of the pressure until the return of another pain.

The more prominent advantages of this part of the apparatus are, entire and certain support for the hands, feet and back, in whatever position the patient may be in, when the pains come on, and an entire freedom from pressure when the pain ceases; and the relief it gives to the attendant women, who are not called upon for the usual severe physical efforts they are required to make when the supporter is not used. Another great advantage is derived from its use in hot weather, as then the patient is not surrounded with attendants whose breath and presence usually add greatly to her heat and discomfort. *With* the supporter, she needs but *one* person besides the physician, and she only to fan her, give her drinks, &c.; while *without* it, she would perhaps give employ to two or three, who must be constantly near her.

In addition to the above, there is an *abdominal pad*, which is so arranged, that it can be applied to the lower part of the abdomen, where the child is too low to elevate it to its proper position, or directly in front, or to the upper part of the abdominal protuberance if a downward pressure is desired. This can be drawn as firmly against the abdomen as may be desired, and either fastened thus, or attached to the straps which support the feet, so that additional pressure will be given by the feet at each pain. With all these advantages, the woman is *not* confined so but she has the perfect use of her limbs, and can lie down, sit, stand or walk, as well while wearing the supporter, as she otherwise could do.



During the present week, I was called to attend a young woman in labor with her second child. She is a large, muscular woman, and capable of great physical effort. Some months since, she felt a pain in the lower part of the abdomen just above the symphysis pubis, and the pain and tenderness continued to increase up to the day of confinement. There was nothing unusual about the labor, at first, except the pains were quite hard, and the distress was mostly felt at the old seat of tenderness. As the head of the child descended to the lower pelvic strait, the membranes gave way, and the amniotic fluid was discharged, and immediately the patient complained of severe *tearing* pains in front. After two or three additional pains, and after the discharge of all the water, she said the distress in that region was beyond endurance. On passing my hand over the abdomen externally, I found that part, where the pain had been felt, very tender, and protruding a globular tumor of the size of a two-quart measure. Fearing a rupture of the uterus, I applied the abdominal pad of the supporter firmly over the protrusion, and proceeded at once to extract the child with the forceps. From appearances at that time, and subsequently, there was no doubt in the mind of those present, or in the mind of a physician who examined the case a few hours afterward, that the only thing which could be done to prevent a rupture of the uterus, was the timely application of the abdominal pad, and the extraction of the fœtus. From the time when the protrusion occurred, until the woman was delivered, could not have been more than three minutes, but during that short space she says she suffered more from the peculiar pain she felt in front, than from all the pains of her former and present labors combined.

In ordinary easy labors, it may not be desirable, in all cases, to apply the supporter; but in hot weather, in all protracted, or severe cases, and especially in those cases where the back or the abdomen require unusual support, I think this apparatus will give entire satisfaction to all who make a trial of it.

Respectfully yours,

Waterbury, Vt., Oct. 16, 1852.

C. H. CLEVELAND, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1852.

*Industry in the Pursuit of Knowledge.*—This is the country, of all others, in which knowledge is so diffused among the people, that those at all ambitious to acquire an education fitting them for the various positions in society which enterprise and intelligence should command, almost invariably succeed; for where there is a will, says the proverb, there is a way. In the profession of medicine, a large proportion of the members, as they now stand in this country, groped their way through poverty, and numberless embarrassments, which no one knows but the man who has passed through them. Yet many such have risen to great distinction; while some as philosophers, and others as statesmen, have left imperishable names in the annals of fame. Medicine in the United States has been

upheld, and certainly advanced, by those who in early youth would have been considered the least likely to have accomplished the measure of importance now conceded to their labors. Those among them who write volumes that live, neither use gold pens, nor inhabit palaces. Profound thinkers, accurate experimentalists, and the strong leaders of other men's minds, accomplish their efforts, usually, in humble lodgings, under disadvantages that would break down less energetic powers. It is as impossible to suppress genius, as to prevent the overflowings of a volcano. Industry is the mighty lever, however, by which these otherwise unaided persons have risen, step by step, to occupy the first places while living, and secured to themselves a reputation that neither envy nor detraction can injure. These are considerations that should stimulate those entering upon the medical profession, to a steady perseverance, as there is neither success for the indolent, nor hope for the sluggard.

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*Annals of Science.*—A periodical has been commenced at Cleveland, Ohio, at the very cheap price of one dollar a year—published on the first and fifteenth of each month, that presents strong claims to patronage. It embraces the complete circle of the sciences, being a record of inventions and improvements in most of them. Agriculture, physics, manufactures, chemistry, astronomy, physiology, geology and photography, are each the subject of the editor's deliberations, strengthened by the latest intelligence on whatever topic is introduced. The editor has omitted medicine, very wisely, probably on account of the difficulty of pleasing every body in that branch. Other sciences are generally left in the control of those competent to manage them; but in physic, every one feels that he has a right to express an opinion in regard to it, whether he knows any thing of it or not. Practitioners are popular or unpopular, according to their subservitency to one school or another. Prejudice in this respect is now in the ascendant, and common sense is nowhere respected when brought to bear on systems of medical practice. But these reflections have taken us from the immediate subject of this paragraph; and we therefore bring them to a close by urging upon all who have a love for any or all of the pursuits introduced into this new periodical, to give their influence in sustaining it.

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*Disbelief in Medical Reports.*—Two gentlemen of the law were conversing, incidentally, the other day, on the anomalous cases reported by practitioners of medicine and surgery. They agreed in one thing, without argument, viz., that some of their statements were incredible. For example, one of them did not believe it possible for a man to force a twig, studded with irregularities of surface, into his own urethra, as stated in the London Lancet, and copied into this Journal of October 20th. The other gave no credit to the statement in regard to a woman who had had more children within a given period, than he had ever before heard or read of. And thus they proceeded in their comments, till, on reflection, we came to the conclusion that the narrations by medical men of cases occurring in their practice, would be very likely to appear to persons unacquainted with such matters as impossible, simply because at variance with their own experience. Some people are willing to credit their own senses, who will never trust to the correctness of other men's eyes or ears. Happily the profession believe each other in most instances; otherwise no progress could be made worth reading; although there have been instances in which their



confidence has been shaken, before being in possession of all the facts. When the story first began to circulate that a tamping iron, three feet long, by an inch and a quarter in diameter, had actually been shot through a man's head without killing him, surgeons were ready to declare the whole matter incredible, from beginning to end. However, when the medical attendant published a circumstantial account of the accident, all were compelled to acknowledge its truth, and to own that the resources of nature were quite beyond their expectations, and certainly very wonderful. By and by the iron was brought to Boston, and then another class of disbelievers—principally those intelligent people who give a tone to public sentiment—gave in their adhesion. Lastly, the patient recovered, and still lives to relate his own sufferings and miraculous escape; and now the remotest circle of disbelievers have come to the conclusion that the story was true, although more remarkable than any peril of which they had ever known or heard of before. As medical reports are for the guidance of the brotherhood, it is fortunate that there is no censorship of the press, to arrest the publication of what an unprofessional reader may not be able to comprehend. What would the two legal gentlemen say to the tamping iron case? The stick in the urethra, and the unusual fruitfulness of the woman, fall into comparative insignificance by the side of it.

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*Treatment of Exposed Dental Nerves.*—Several documents have been placed in our hands, which treat of the matter of filling teeth over exposed nerves. It will be recollected that Dr. Miller, of Worcester, in a late number of this Journal, claimed to have made some important improvements in the operations required in such cases. By looking over the documents referred to, we notice that the attention of Dr. Hullihen, of Wheeling, Va., had been previously drawn to this subject, and that operations had been successfully performed by him, similar at least to those of Dr. Miller. A paper was read before the American Society of Dental Surgeons in August last, by Dr. Cone, of Baltimore, in which Dr. H.'s mode of operating was described. Whether Dr. Miller, at the time his own operations were performed, had been made acquainted with Dr. Hullihen's method and success, we have no means of knowing, but presume he had not. The apparently conflicting claims of the two parties interested we presume can be satisfactorily adjusted, as they are both honorable men, and of good standing in their profession.

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*Prof. Tully's New Work.*—We are requested to state, that in consequence of repairs being made in the office in which it is to be printed, the appearance of the first number of Dr. Tully's *Materia Medica* will be delayed a week or ten days, but it will be out certainly by the middle of November.

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*Poisoning by Colchicum.*—A correspondent in an inland town in this State, under date of Oct. 8th, writes to the editor as follows:

"Last Monday night, one *John Valentine*, of this town, drank, for the sake of the *ardent*, half a pint of a very strong tincture of colchicum seeds. I understand that there was a half pint tumbler three-fourths full of the seeds put into a pint of alcohol. It had been taken in teaspoonful doses, by a person afflicted with rheumatism. Soon after drinking it, Valentine commenced to vomit and purge, and was in great distress, very

thirsty, with the usual symptoms of an over-dose occurring. A Thomsonian physician was sent for, who, I understand, prescribed brandy and laudanum. The patient continued to grow worse till Wednesday night following, when he died. He was told that it would poison him if he drank it, but he probably thought it to be some kind of bitters and that they were trying to deceive him, and therefore did not heed them. He drank of it twice within a few minutes, and about a gill at each time."

*Yellow Fever.*—It is painful to hear of the continued mortality by yellow fever at Charleston, S. C. The profession of that city are as well skilled and as able to meet that formidable disease, as in any part of the world, but, alas! this is a scourge that has often and suddenly swept its way in defiance of the best directed efforts of physicians, and we are again obliged to acknowledge the imperfection of our art. It is generally conceded, in these latter days, that ingenious theories are of no avail in limiting the mortality that characterizes the yellow fever.

*Smith's Operative Surgery.*—A monument of personal industry—a huge volume, based upon the practice of surgeons of the United States—by Henry H. Smith, M.D., &c., of Philadelphia, and from the press of Lippincott, Grambo & Co., has just been received, but not in season for such an examination this week as its merits demand. The idea of quoting home authorities, is patriotic. Our medical and surgical authors have borrowed all their precedents and their information from Europe long enough. It is very proper to begin to make returns, which may be readily done, for this country abounds with operating surgeons whose success in the most difficult and trying emergencies gives them a reputation abroad, of which the profession have a right to be proud.

*Comparative Physiology.*—The publishers of this unique publication, of which the papers speak, should put it where the medical profession can obtain some idea of its character. Medical men are the purchasers of such a book, beyond any other class of readers; but not a Medical Journal in the United States appears to have had a copy for analysis. J. W. Redfield, M.D., is the author, says report.

MARRIED.—Dr. Putnam, of Grand Rapids, Michigan, to Miss C. Williams.—At St. John, N. B., Thomas Robert Owens, M.D., of Boston, to Elizabeth, daughter of the late William Doherty, Esq.

DIED.—In Bethel, Vt., Dr. Alvan Burbank, aged 54.—In Piermont, N. H., Dr. Ira Evans, 50.—In London, John Dalrymple, Esq., 48, surgeon of the Ophthalmic Hospital, and author of *Pathology of the Eye*.—In England, Dr. John Wylie, C. B., Physician General.—In Chester, Penn., Dr. Jesse Young, an eminent and lamented practitioner.—In California, Dr. Daniel Baugh, late of Philadelphia, 51.—In Chicopee, Mass., David Bemis, M.D., 54.—In Hubbardston, Mass., Dr. Shepherd Clark, 58.

*Deaths in Boston*—for the week ending Saturday noon, Oct. 30th, 56.—Males, 35—females, 21. Accidental, 2—inflammation of bowels, 2—inflammation of brain, 2—consumption, 11—convulsions, 4—cholera infantum, 1—croup, 2—cramp, 1—dysentery, 3—dropsy in head, 1—infantile diseases, 1—puerperal diseases, 2—fever, 1—typhoid fever, 1—scarlet fever, 8—hooping cough, 1—disease of heart, 1—inflammation of lungs, 4—measles, 2—old age, 3—palsy, 1—teething, 2—disease of throat, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 8—between 20 and 40 years, 9—between 40 and 60 years, 11—over 60 years, 7. Americans, 21; foreigners and children of foreigners, 35. The above includes 8 deaths at the City Institutions.



*Easton Medical Institute.*—At a meeting of the students of this Institute (at Easton, Md.), held September 30th, several resolutions were adopted complimentary to Prof. C. C. Cox for his zeal and interest in its establishment, and for his efforts to instruct them in the various branches of medical science.

*Death of Dr. William Hemsley.*—A meeting of the physicians of Easton, Md., was held recently in that place on account of the death of one of their number. Several resolutions were offered by Dr. C. C. Cox, and unanimously adopted. The following remarks by Dr. C. will give some idea of the excellent character of the deceased.

"There is one feature in his protracted illness worthy of notice, and that is the undiminished interest evinced by him to the last, in the science of his choice; and the unwearied zeal manifested in the prosecution of its practical duties. He continued to visit his patients, in all conditions of the weather, and often under serious physical disability, until the time arrived at which he became compelled to seek his chamber, there to spend the remaining days of his earthly existence. With the scenes of that sick room I have been familiar, at all hours of the day and night; and while they revive in my memory many passages of suffering and struggle, they are not unattended by reminiscences of a mind calm and possessed, balancing the results of past life, and prepared to die like a christian man. The consolations of our holy religion, so affectionately administered by his pastor, were not without effect upon his subdued and thoughtful condition; and his latest expressions afford gratifying evidence that he died in the assurance of a perfect hope."

*The Use of the Stethoscope to Determine the Position of the Fœtus in Utero.*—Dr. Bell, of Fayetteville, Ark., makes the following suggestions on this subject:—

"Could not the position of the 'fœtus in utero' be ascertained in most instances, by the use of the stethoscope? In the first, second, and third presentations (Dewees), the heart of the fœtus can be distinctly heard in the left groin of the mother. In the fourth, fifth, and sixth presentations, it will be heard in the right groin. In the second and fourth, more distinctly than in the other four; as the position of the fœtus is such in these, that the heart is never to the surface. Should the left shoulder present, it can easily be seen that the sounds of the heart will be discovered very low down on the right or left side of the mother, as the fœtus may lie with its head in the right or left side of the womb. Where the right shoulder presents, the sounds will be midway between the navel and symphysis pubis, to the left or right of the mesian line, as the fœtus may lie. In hip presentations, the sound will be found higher up in the abdomen than in the others."—*Western Lancet*.

*Electro-Physiology.*—Dr. Brown Sequard, of Paris, is winning golden opinions from the profession of New York, many of whom are profiting by his interesting and useful lectures and demonstrations on the physiology and pathology of the nervous system. He is *au fait* in all that appertains to modern physiology, and his numerous *vivisections* are conducted with a delicacy and *sang froid*, which divests them of any semblance of repulsiveness. Frogs, birds, rabbits, dogs, and guinea pigs, are chosen for the purpose.—*N. Y. Medical Gazette*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 15.

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## PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have recently returned from Europe, after an absence of about five months. In my wanderings I have met with medical men whose whole position makes their acquaintance a matter of much interest to the professional traveller, and which I cannot forget, and for which I shall always be most truly grateful.

I left Boston early in May, and after a needed but short rest from a severe voyage, I left London for the Continent the first of June—crossing the Channel at Dover for Calais, and proceeding through France, Belgium, Prussia, Mecklenberg, Hanover, Hamburg to Stettin on the Oder, and thence by the Baltic to Cronstadt, and by the Neva to St. Petersburg. Moscow terminated my progress north. My return was through Denmark, the Duchies, Prussia, Saxony, Austria, Bavaria, Baden, &c., entering France by Strasburg; and by way of Nancy, Epernay, the land of Champagne, Chalons, Vitrey, &c., reached Paris. You will see by following me on the map, that I passed up on one side of the Continent—returned along the other—completing the triangle by the almost straight line from Vienna to Paris. My wanderings were not yet over. I left Paris for the South of France, after some days rest, and having passed through this most exquisite portion of that noble State, I reached Behobie, “the last crumb of France,” and at once was on the bridge of Bidasoa, which joins France and Spain. You see that you are here in a most novel position. Here on the banks of the Bidasoa, and on the first plank of the bridge, stands the French sentinel in his blood-red pantaloons and blue coat; and there the Spanish soldier, on the last plank of the same bridge, in his national uniform. The middle of the bridge is the dividing line of two great nations. As I walked across it, with one foot in France and one in Spain, the thought came with an intensity of interest rarely felt, that this almost imaginary dividing line, and which the rapid river changed every moment, gave political birth to two vast nations, as opposite to each other in language, thought, habit, everything, as if mighty oceans rushed between, or the everlasting mountains separated them. At Juan, the Spanish frontier town, I *felt* I was in Spain. After six heavy days and nights, almost uninterrupted travel, I reached



Madrid—then visited the Escorial, and soon after began my return journey to France, to England, to Scotland, to America. In how few words have I sketched a voyage through many, many distant empires, various languages, different customs—which embraced many thousand miles of surface, and some months for its completion.

One of the objects of foreign travel with me was to see distinguished physicians, and especially, as far as possible, to see their practice in the department to which I have been for nearly half a century devoted. Hospitals were objects of great interest. Of these I was most desirous to see specimens in countries which are not generally visited by American travellers. I was very fortunate in obtaining letters in England which were of the greatest service to me. I particularly would here most gratefully refer to Sir James Clarke, whose letter to Sir James Wiley in St. Petersburg, secured to me the very best opportunities for visiting Russia as a medical observer. A little embarrassment was produced by the letter being addressed to the *nephew* of Sir James Wiley, who was named for his uncle, and had been knighted—who was the physician to the Grand Duke, and who had been dead a year and a half. I handed this letter to Sir James Wiley, *Baronet*, having armorial bearings by which he was honored by George III. of England—the patent of which I was desired to read. Sir James is physician to the Emperor, is 85 years old, and has been successively physician to Catharine II., Paul I., Alexander I., and Nicholas I. the present Emperor, and sixty-three years at the head of the medical bureau of Russia. He was in the great battles of Russia against Bonaparte, and before Dresden amputated both legs of Moreau, who paid for his treachery with his life. I said there was a slight embarrassment produced by the mistake in the direction of my letter, but this was soon explained, and from that moment during my whole stay in Russia I was daily having the benefits of the introduction, in the important and varied hospitalities of Sir James Wiley. I was placed by special commission under the guidance of a medical officer of the grade of Colonel in the army, and proceeded with him on a hospital pilgrimage. He took me to five military hospitals, to one civil, and to one maternité hospital. The military are for sick soldiers and officers. In some cases a regiment of 3000 men have a hospital. In others two regiments, or 6000 men, have one. About 120 beds for a single regiment, about 250 for two. And these furnish ample accommodations for the demand, or *command*. Belonging to one or more regiments is a church. These are built in the very best style of church architecture; and are among the imposing and ornamental buildings of the city. I was shown into some of these, and found the interior quite as striking as the exterior. Beside this provision for worship for the regiment, in each hospital is a chapel for those who are not able to attend public worship. The same care is manifested in these, as to architectural fitness, as in the churches. The hospitals are magnificent in their dimensions, plain in style, but most perfectly neat. Ventilation is well provided for, and there is one arrangement to secure this object which is rarely if ever met with elsewhere. In each ward a fire is perpetually kept in a Russian stove, of sufficient power to keep up a full

draught of air through it; and to render this perfect, the door of the stove is kept constantly open. The bedstead is of iron, and the bedding entirely clean. The diet is strictly regulated by the medical officers. A soldier's food in health is black bread and water. He has two meals a-day, noon and evening. The quantity of bread daily is three pounds. One pound and a half is a meal. When in hospital, his diet is regulated by the disease, and its periods. It is white bread—gruel—soup—vegetables—meat—as may be indicated. I was desired to eat of each article of diet, and found it excellent. As convalescence occurs, the demand for black bread declares itself, and the love of this bread is expressed in the strongest terms. This is not peculiar to the soldier. You may find the same kind of bread on the table in public or private houses, and the national fondness for it always manifested. The neatness of the ward shows itself in every part of the house. When the medical officer makes his visit, every soldier or patient who is able to stand, rises from his bed, and wearing a long grey woollen dress, walks to the foot of the bedstead and there remains erect as if on duty. On the bed is a paper which contains a report made by the *interne*, or house-surgeon or physician, of the symptoms, &c. of the preceding day. The visiting officer examines this, and gives such directions and makes such further investigations as are suggested by the reports. I cannot but think, from an experience of about twenty years as Physician to the Massachusetts General Hospital, that the Russian method would be a great improvement on the present system of daily examinations by the attending physician of the events of the preceding day. The house-physician, or clerk as he used to be called in London, and where the method of Russia was then in use, could with great ease make the examinations in the morning, as he at present makes them on the admission of a patient or the examination *en chef*, and would thus greatly forward the most important business of the house. Seeing some soldiers eating the black bread, I asked if they were allowed to eat this in hospital as they pleased, as it seemed to me so coarse, and, as I thought, so acid, that it might aggravate many troubles. I was told they were not allowed so to eat it, but only during convalescence, and that no harm was observed to come of such use.

I had thought that the Russian was undersized when compared with the men of other parts of the Continent, and expressed my surprise to find them in these hospitals so tall. I soon learned the cause. These regiments in St. Petersburg are the Guards, and are picked men, and better paid than soldiers of the line. They were quite remarkable men in appearance, and cannot but show to great advantage on parade or in service. I visited a very large hospital. This, like all the others, was in most perfect order. I examined here the bathing apparatus. Newly-admitted patients were here undergoing their first preparation for the wards. The Emperor, in his equal and universal oversight of every public interest in his vast empire, had recently, as I was told, visited this establishment at an earlier hour in the morning than was usual. He found it in disorder, and severely rebuked those who were in its management, allowing but little for the apparently unseasonable hour for his



visit, saying that order in his empire should never be dependent on accident, but should at all times and in all places manifest itself. Now this early visit was not made without some effort. The hospital is at a considerable distance from the palace, and could be visited only at some sacrifice of time, and to Nicholas there is nothing, or but few things, more truly valued than time. Many other hospitals were visited by me, and the same strict attention, the same severe devotion to the whole well being of the patients, were everywhere manifested. In all this was seen the importance of detail in every department of these national establishments. The apothecary's was examined, and with the same result. I was told that during the cholera invasion every arrangement was made before hand to diminish its power, and to minister to the whole public safety. Civil hospitals were opened everywhere, and conveyances prepared for the immediate removal of those who could not be cared for at home. The Emperor made personal and frequent visits to them all. This was done by him by night as well as by day. His ministers proposed that a *cordon sanitaire* should be drawn round the palace at Peterhoff, the royal residence, several miles from the city, to prevent the approach of persons from the city who might carry the disease with them there. Nicholas listened to none of these expressions of interest in his personal safety or that of his family. "Where I am," said he, "there may come at all times my people." So sudden and so rapidly destructive was the cholera in St. Petersburg, that men fell and died before aid could be procured. The crowded Exchange was exposed to this danger, and the Emperor, to meet such chances, had a hospital prepared with physicians, nurses and medicines in the building itself, so that the merchants assembled there might be at once attended when seized. To show the malignancy of the disease, notwithstanding all this care, 3000 deaths occurred in one day in St. Petersburg. These facts were communicated to me by men thoroughly acquainted with them, and who could have had no motive to state to me what was not true.

My next visit was to civil hospitals—establishments for the poor. I had a special reason for these visits. The power of Russia is in its army. A military government in every sense of the word looks ever to the soldier as its only sure defence. It was not at all to be wondered at that he should receive the most scrupulous attention, especially in regard to health, from the government, and the evidence of such care was everywhere manifested. But how is it in Russia with the poor—that vast social encumbrance and perpetual inheritance of civilization, in despotism, limited, constitutional monarchy, and in the purest republic. I found the civil hospital in Russia as perfect in its kind, as was the military in its. The year is divided here into two seasons—the summer and the winter, and for the poor is a summer, and a winter hospital. The latter was empty at my visit; and repairs, painting and whitewashing, &c., were in hand everywhere. The sick were in the summer hospital, in the same enclosure with the other. Here were walks, shrubberies, trees, and every out-door arrangement for the comfort and well-being of convalescents. Those who could not go abroad, were in wards. These were perfectly clean and well ventilated. The bed-furniture was

white, and the dress of the patients uniform, also white. As we entered the grounds, I was much struck with the effect of this dress—a long white garment, and a large white cap, or turban. I was in the grounds for the men, and moving about in the shade of the trees, they looked more like ghosts than living people. I asked my most friendly and useful guide what all this meant; for at first there seemed to be a good reason for the question. It was easily answered. In the female ward a patient interested me much by the strong expression of disease she manifested. It was a hot day, and this added to the appearance of exhaustion. Close to her bed, on a stand, was a basin of ice broken up as it might be used, and from which she seemed to derive most needed comfort. I will not go into further detail. In this little arrangement for poverty and deep disease, was there not a whole volume in which to read kindness and care, and for those, too, who most need both? I shall remember that woman and that charity, whenever St. Petersburg is in memory. In Denmark I saw the system of changing a hospital so as to correspond to the seasons, and in which the change was productive of the most salutary results. But of this by-and-by.

The Maternité I visited was a small one, containing less than a hundred beds. The physician had just finished his visit, and I met him at the door. As soon as I was introduced to him, and the object of my visit made known, he most kindly invited me into his hospital, and returned with me to show and explain its arrangements. The nurses and a class of female pupils first attracted my attention. They were very good looking, dressed with entire neatness, and of unusual courteousness of manners. The interior management of the house devolves upon them, they acting directly under the medical officers. In this case the physician to whom I was introduced is a professor and teacher of midwifery. What has been said of the neatness, ventilation, &c. of other hospitals, applies with full force in this. I was taken to the room in which the several articles of linen, including dresses, are kept. It is a large room, containing presses with glass fronts in which these articles are exposed to the light, but entirely excluded from air, dust, moisture, &c. The amount is very large, and the nice appearance of the patients satisfied me that they were not kept for show. The wards are not large, which has the advantage of preventing all crowding of patients, and this remark applies to all the hospitals I visited, except only that of Vienna, in which the long wards with their two rows of beds prevail. An apparatus was pointed out to me in use, and which has important uses. It was a species of cradle without rockers, in which infants are put when prematurely born, or when imperfectly developed, and for whom a steady and higher temperature is required than that of the atmosphere. It is made of brass, and is everywhere double, a space being left between the two plates composing it, with openings into which warm water may be poured, and others for drawing it off when cooled. A soft bed, and a properly-arranged canopy, when needed, complete the apparatus. At my visit there was a new-born child in this cradle, if such I may call it, of about seven months uterine life, and was kept constantly in a warm and salutary atmosphere. Its skin was of a lively red, and



temperature natural. In this ward, where there may have been half a dozen of recently-delivered patients, my attention was drawn to an unpainted case or box standing by itself against the wall between the fire-place and a window. This box consisted of two equal parts connected by hinges. The physician opened it, and exposed the dead body of a woman, or what appeared to be a recently dead person. I learned, however, at once, that it was a plaster cast of a woman upon whom the Cæsarean section had been done. The infant was alive, but the woman was dead. The deformity in this case was extraordinary in its extent, and rendered delivery by the natural passages impossible. Was not this a singular article of furniture for a ward of a midwifery hospital? It was perfectly clear that it was in no sense an annoyance to the patients, and I was the only person in the room who was disturbed by so singular and unexpected a sight. The cast was very perfect, and showed well the place and extent of the operation.

By rail-road from St. Petersburg to Moscow in twenty-two hours uninterrupted drive. I obtained letters to some of the distinguished men of that city, from whom I received very acceptable attentions. Among these was a letter to Prof. G. Fischer de Waldheim. Early in the morning of the day following the delivery of my letter, a visitor was announced, and I desired he should be shown to my parlor. I was told that he was a very old, infirm and blind man, and perhaps I would come into the hall where he waited for me. I went to him immediately, and found he was Prof. Fischer, the most distinguished naturalist in Russia, and whose works have made him known and respected throughout Europe. He took my arm, and came to my room. I learned that he was 85 years old—that cataract had covered both eyes within the last six months—that he was engaged in a work on the Insects of Russia—*Entomographie de la Russie*—a copy of the fifth volume of which, and which was published in 1851, he gave me afterwards at his house, when I had the pleasure and honor to dine with him. The next day I devoted to visiting the Museum of Natural History, and one of the largest hospitals I had visited on the Continent. I went to the Museum under the guidance of Mr. Secretary Dr. Renard. Its principal interest to me, was in the collections of the animals of Russia, and these are extensive and valuable. Among the most curious articles in the Museum, are the remains of the soft parts of the mammoth which was found on the banks of the Lena in Siberia, lat. 70°, by Mr. Adams, in 1803. The skeleton of this animal, which I saw, is in St. Petersburg. It is nine feet high, and sixteen long. Near it is the skeleton of a common elephant, which is two feet less in height, and in proportion to that less than it in length. Portions of the skin remain attached to the skeleton, particularly about the head, and some of the ligaments of joints. A large piece of skin lies before the skeleton on the floor. This rare animal was found perfectly preserved by the ice, in which for ages it had been incased, and from which it had been recently liberated, the bears and the wolves feeding on its flesh. Dr. R. gave me a portion of the brain and adipose substance of this animal, and in return for which I promised to procure for him, if possible, a tooth of the mastodon of our

own Continent, as the Moscow museum contains only plaster casts of them. Said Dr. R., when I gave to Mr. Owen, of London, a small bit of the skin of the mammoth, he was in ecstasies. I heartily thanked him for the priceless present he had made to me.

[To be continued.]

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#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicafe*—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

##### TENTH LETTER.

**MY DEAR FRIEND,**—To-day I shall speak to you upon syphilis. As you can have remarked, I have not lost sight for an instant of my point of departure.

What was it? To seek out the specific causes of those diseases considered venereal; to study in a more rigorous manner their mode of action, in order to arrive at last at a more exact knowledge of their consequences and of their treatment.

In the preceding letters, I have endeavored to show that if blennorrhagia can have a special cause, it was not always easy or even possible to distinguish this special cause from the common causes of the inflammation of mucous surfaces. I have endeavored to establish that this cause was not that which produces syphilis properly so called; that its consequences were entirely different, and that its treatment, unless empirical, cannot be that which we ought to oppose to syphilis.

I should have been very happy to have merited in all respects the criticism of M. Vidal, who asserts that my efforts have tended only to prove "that two and two make four." If I should apply this to all that still passes in syphilopathy, this proof would not for every one be equally easy to arrive at.

The cause of syphilis not existing in blennorrhagia, where must it be sought for?

Do not require that I should precipitate myself into the depths of history. I have often descended there, and I declare to you, dear friend, that I think it impossible to discover the truth there. The farther one descends, the less light penetrates, and he arrives at a point where the obscurity is complete. So that, arrived at this point, authors only proceed by groping; they wander about without cessation, and lead us astray with them.

Where did syphilis commence? By whom did it commence? I much fear that these questions are forever insoluble. What we can affirm, is that syphilis, such as we know it at the present day, is not developed spontaneously in man; it appears to be always transmitted. And yet, as we have already remarked, we do not meet with it in any other class of animals. I well know that very recently your Journal announced that syphilis had just been found in Italy in the horse. In order to believe this news, I await some more complete descriptions of the symptoms. It would, nevertheless, be rather singular, that syphilis,



which they accuse of having been propagated for the first time in Italy upon the human race, should appear also for the first time in Italy upon the horse.

What strikes every man who studies history without preconceived ideas, is, to find in the ancient authors, and especially in those who were anterior to the epidemic of the fifteenth century, perfect descriptions of all that we know to-day, and which we range among the primary accidents. Could we trace out at the present day a description more exact and more true than that of Celsus? Galen goes even so far as to find some relation between the accidents of the genital organs and those of the throat. William of Sallicet knew that the primary ulcerations of the penis had been contracted from relations committed with filthy women; he established perfectly the relations which exist between ulcerations of the genital organs and buboes, &c.

What has been wanting to observers and historians of the verole, from the earliest times, is the more exact knowledge of the filiation of the symptoms, of the connections and origin of the primary and constitutional accidents. But what was the leprosy of that epoch? Was the leprosy of the Greeks or of the Arabs, which we know to-day, similar to the leprosy of those times? In no respect; for the leprosy was then often contagious, and it was frequently communicated by sexual intercourse. Evidently, it was not our present leprosy. The Bible, in spite of all the efforts of commentators, enlightens us but little upon this point. Probably the divine inspirer of the sacred books might have had serious motives in leaving some obscurity upon this point. I have no pretension to retrospective science; the works of Astruc have frightened me too much, and I confess that I am little tempted to undertake so great a work for so small a result. But whoever studies syphilis, however little he may have his mind tormented by the anxiety to know, will ask of himself, what I have done a hundred times, what was this terrible epidemic of the fifteenth century, and where did it come from.

Some cotemporaries have made it come from the stars. I do not know that they retrospectively searched out what passed astronomically at that period, and I am myself unable to do it. But it is certain that syphilis always reigns although Jupiter is to-day much more temperate, and Saturn and Venus no longer deliver themselves up to conjunctions which had such unhappy consequences for the human race. We are, then, forced to seek our explanation upon the earth, and to take our subject from a less elevated point of view.

This terrible epidemic, this veritable '93 of the verole (1493), which no cotemporary at first thought of making come from the new world, found this origin in the writings and in the active propagandism of Oviedo, from motives into which it is useless to enter, and of which we shall find the application in the religious, political and jesuitical history of the time. We know that it is this fable which has become the theme of the great romance edited by Astruc. Heaven preserve me from discussing this; it is a work that has already been well done by Sanchez. I will allow myself only a slight observation in a pathological point of view.

In order to have brought about an epidemic upon such a grand scale, it must have been necessary that all or nearly all the sailors of Christopher Columbus should have been infected with syphilis. It was necessary that during a very long voyage, which was then not made by steamers, the primary accidents should have remained at the period of progress or of specific *statu quo*, susceptible of furnishing the contagious pus that we shall soon study.

One thing is very remarkable, that the sailors of the fleet, having arrived at Lisbon and at Bayonne, did not first infect the women of those ports: and yet is it probable, that contrary to the habits of sailors of all times, these should have, after a long voyage, exercised continence after arriving in harbor? Well, it is not to the women of Lisbon and Bayonne, that they communicate their disease; they leave for Italy where they go to meet the army of Gonzalve de Cordova in May, 1495, and it is there that they communicate the verole—to whom? We know nothing excepting that it was in Italy in the midst of three armies—Spanish, Italian and French—that a disease, then known since 1493 or 1494, raged with fury, each of the belligerent parties repelling the disgrace of communicating it to the others.

I do not wish to insist longer upon this historical question so confused and obscure, and which I have not the pretension to wish to clear up. I only ask myself if this epidemic of the fifteenth century resembles our venereal diseases of the present day; and I find certainly not. The accidents that we observe to-day resemble infinitely more those that the ancients have described, than the epidemic of the fifteenth century.

Here, my friend, permit me to communicate to you, with the reserve and the discretion which similar things exact, an idea which I believe to be a fruitful one. I submit it as a simple indication to some young and industrious colleague, who shall have the good fortune of finding himself in that happy period when consistent researches are possible. In studying with care the descriptions of the epidemic of the 15th century, I am struck with a fact, which appears to me to be of marked interest. The mode of the transmission of the accidents, their gravity, the predominance of the constitutional infection over the local phenomena, which are wanting, or which passed unperceived, all this appears to me to resemble much more what we recognize to-day as the acute glanders, and the farcy, than the verole. Van Helmont has published an analogous idea, which has not failed to have been considered perfectly ridiculous. He makes the verole come from the farcy, as the consequence of I do not know what ignoble beastly relations. Apart undoubtedly from the shameful source from which he drew his opinion, Van Helmont was perhaps not far from the truth.

Remark, my friend, that a knowledge of the glanders and of the farcy in man is very recent, and yet the liability of man to contract this disease, which has existed from all time in the horse, ought not to be a recent fact. How many men suffering from the glanders and from the farcy have been liable to be, and have been, taken for syphilitical patients!

The manner of the transmission of the epidemic of the 15th century ought to strike us. The disease was often communicated by the breath



in churches, in confessionals, to such an extent that Cardinal Wolsey, accused of having the syphilis, was brought to judgment for having spoken in the ear of Henry VIII. This mode of propagation is entirely inexplicable for syphilis, which requires an immediate contact. I well know that all the authors of the time do not admit this mode of transmission by the sole contact of the breath. Fallopius ridicules very pleasantly Victor Benoit, who had seen some holy daughters of a convent catch the verole through the thick grates of the parloir. Fallopius believes that there was mixed with this, a little *holy water*. But in all cases could not the epidemic, which certain authors already, and Paracelsus among others, considered as a mixture of the ancient venereal diseases and of the leprosy, be more probably considered as a mixture of the ancient venereal diseases with the glanders and farcy—the glanders, so spontaneous and easily produced upon horses, and especially in time of war, and with the incumbrances which follow in its trail.

Study the symptoms, and you will first see manifested, and as if *d'emblée*, the gravest accidents; which does not happen with respect to the syphilis of the present day. You will see that inoculable pus was produced in all parts of the body, which you do not see in the syphilis now known to us. I do not know if I am mistaken, but it appears to me that there is in this, a truly remarkable subject for research. I seem to see the first dawning of a truth which has escaped us, even to this hour. We shall owe this truth to the beautiful works of M. Rayer, and of his school, and of M. Renaud (of Alfort) upon this terrible disease with which man is found so sadly endowed; and in which I find such striking resemblances with the epidemic of the 15th century. What glorious things there are to be done in this matter!

Are we aware of what the glanders, transmitted from man to man, and removed from the horse, can produce? Do we know what its hereditary influence is? For individuals suffering from the glanders or from farcy can procreate, and we are completely ignorant of what would become of the product of these procreations.

I should be happy to awaken the zeal of some laborer in our science. There is here, it seems to me, an ample harvest of glory to reap. But I confess it, all these ideas are still agitated in my mind, in the vague domain of hypothesis. Your readers I can understand must be desirous to see me enter into the field of reality. I arrive there; adopting the conclusion of Voltaire, I say that syphilis is like the fine arts, of which no one knows the origin nor the inventor. But what I know is, that it is found to-day at a source, alas, too certain, and it is from this source that I shall draw it in my next letter. Yours, &c. RICORD.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—My attention was called this day to an article in your Journal of Oct. 20th, by S. P. Miller, M.D., which is calculated to convey an incorrect impression to your readers, both as regards the history and character of an important operation in dental surgery. I therefore beg

that you may give a place in your Journal to the following, which is the original manuscript of a paper read before the American Society of Dental Surgeons, on the 4th of August last, and a copy of which was first published in the Dental News Letter, of Philadelphia.

Respectfully yours, &c.

C. O. CONE.

Baltimore, Oct. 28th, 1852.

#### TREATMENT OF EXPOSED DENTAL NERVES BY HULLIHEN'S OPERATION.

BY C. O. CONE, M.D., OF BALTIMORE.

*Mr. President and Gentlemen—Fellows of the American Society of Dental Surgeons:*—The preservation of the vitality of the nervous pulp of a tooth, when exposed by the removal of its bony covering, has been a subject on which much thought has been bestowed by members of the profession, and its accomplishment the subject of anxious research and experiment. I now beg the attention of the association to a description and a report of cases\* of an operation founded on surgical principles; and which will, under favorable circumstances, and when judiciously and skilfully performed, preserve the vitality of dental nerves when deprived of their osseous protection. I present this operation to the consideration of the Association, as the discovery of one of its members, and of whom it is not necessary to say more, than that his modesty equals his talent and skill.

In the year 1848, during a conversation held with Dr. S. P. Hullihen, in relation to the treatment of the exposed dental nerves, he expressed an unwillingness to have his previous opinions published, and declined reporting his experience in the treatment of exposed dental nerves, intimating, at the same time, that he was engaged in making some experiments and observations in relation to this feature of dental practice.

During the winters of 1850 and '51, Dr. Hullihen expressed to me, by letter, his confidence in the results of his experiments, and that a dental nerve, when exposed by caries or otherwise, could be so treated by surgical means, under favorable conditions, as to secure the vitality of this tissue.

Although the operation was briefly described at the last named period, I did not hazard the operation until after Dr. Hullihen made a visit to Baltimore, which was during the latter part of the month of August, 1851. At this time, he minutely described his method of operating, and the results of his experience. The first case which presented itself to me after this, was treated by the operation, and the result was such, that in all cases in practice since that time, where it has been deemed advisable, the operation has been resorted to. A careful record of all of these cases has been kept, and is now offered to your consideration as a part of this paper. With the evidence of these cases, proving the value of the operation, I felt that for many reasons the discovery should be placed before the profession, and accordingly addressed the following letter to Dr. Hullihen:

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\* This paper was accompanied with about fifty detailed cases treated by this method.—E.D.



*No. 38 North Charles street, Baltimore, July 3d, 1852.*

S. P. HULLIHEN, M.D.—*Dear Sir*:—Having been made by your confidence, &c., a party in testing in my practice, the value and efficiency of your method of treating dental nerves when exposed, renders me anxious that the operation, which is so important in my experience, to both the patient and practitioner, should be brought before the profession, and that, too, in such a manner as shall secure to the profession its benefits, and as far as possible protect the operation from abusive and injudicious practice.

To secure these ends, I look to you, feeling that the most ample experience is to be found where the operation originated, and that the most reliable judgment is to be obtained from you, who instituted the practice, studied the operation and marked its result, and now merits the reward of its discovery. With these feelings and views, and a recollection of your professional devotion and liberality, I propose the following queries, soliciting your answer, namely:

- 1st. A history of the origin of your operation for the treatment of exposed dental nerves.
- 2d. A detailed description of the operation, the cautions to be observed in the performance of the same, and the instruments employed.
- 3d. The symptoms attending and following the operation.
- 4th. Indications and counter-indications for the operation.
- 5th. Relative success and failure of the operation in general, and in different classes of teeth, and in the same mouth, and at different ages.
- 6th. Pathological changes dependent on, and effected by the operation, or the philosophy of the operation.

Respectfully yours, &c.

C. O. CONE.

To this letter Dr. Hullihen replied as follows:—

*Wheeling, July 9th, 1852.*

C. O. CONE, M.D.—*Dear Sir*,—In answer to your very complimentary letter of the 3d inst., I beg leave to reply to your several questions, in the order in which they are proposed.

*First.* The history of the origin of the operation to which you refer, is briefly this:—In 1845, I was called upon to plug a molar tooth for a lady, in which the nerve was very much exposed, and under circumstances that made it impracticable at that time to attempt the destruction of the nerve, in the usual way. I therefore drilled a hole into the nerve-cavity of the tooth, with the view of permitting the matter to escape, should the nerve suppurate (a process I felt sure would take place very speedily), and then plugged the tooth without any reference to the pressure that the plug might make upon the nerve. It was observed, both by the lady and myself, that the insertion of the plug did not occasion the slightest pain. In 1846, the lady again called to have her mouth prepared for a whole upper set of artificial teeth. She informed me that the tooth which I had plugged for her, fifteen months before, had never caused her the slightest pain or uneasiness. Upon extracting the tooth I found the fangs in a perfectly healthy condition. On breaking the tooth, I found the nerve somewhat diminished in size, but in all other respects

in a healthy state. The hole which I had drilled into the nerve-cavity was filling up with an osseous deposit at both ends ; more at the end next the nerve than that next the gum. There was likewise some appearance of an osseous deposit at the bottom of the carious cavity.

This case immediately opened the way to a number of experiments, tending, if possible, to discover the best course of treatment, in all cases where the nerve had become exposed, and where it was desirable at the same time to plug the tooth. These experiments resulted in the adoption of a very simple and almost painless operation, by which any tooth in the mouth can be plugged, however young the patient, or however much the nerve may be exposed, and that without destroying the nerve or protecting it from the pressure of the plug, causing but little if any pain to the patient during the operation, and without endangering any painful condition of the tooth to arise afterwards, or any discoloration to take place in it, more than is common to teeth that are plugged, and that too where the nerve is in no way exposed.

*Second.* The operation consists in making a hole through the gum, the outer edge of the alveolar process and root of the tooth into the nerve-cavity, and then in opening the blood-vessels of the nerve. The hole should be made of about the calibre of the nerve, at the point operated upon. If the drill employed be too large, there will be a difficulty in determining the exact moment when the nerve is reached. If too small, in obtaining the necessary discharge of blood. The drill should be spear-shaped, one cutting edge longer than the other, spring-tempered, and having a small neck. Spear-shaped, because the point is more easily located at the place desired. One cutting edge longer than the other, because such a shaped drill gives indication of its approach to the nerve-cavity, by catching in it, before it breaks through into the cavity. Spring-tempered, because less likely to break. Small-necked, so as to permit the free escape of the cuttings made in the process of drilling. The operation may be commenced on either the incisors, cuspidatas, or bicuspidis, by pushing the drill through the gum down to the alveolar process, about a line back from the edge of the process, and directly over the centre of the root of the tooth to be operated upon ; upon the molars, so that the hole will be freely opened upon the main body of the nerve. The drill is then driven forward by means of a very slack string and weak bow, until its near approach to the cavity is recognized by the catching sensation before mentioned. The drill and bow are now laid aside, and all the cuttings of the drill most certainly removed from the hole ; then with a drill rotated with the fingers, the hole may be opened into the cavity. The friction of the drill upon the gum will prevent the bleeding from it. The entrance of the drill into the nerve-cavity usually opens the blood-vessels, which may at once be recognized by the color (arterial blood), and by the freedom of the discharge. By pressing a lock of cotton down into the carious cavity, an oscillation may be seen in the hole through the gum. By pressing the tooth into the alveolar cell, the bleeding may be much increased, either of which indications (so far as the making of the opening into the nerve-cavity is concerned) may be considered complete.



*Third.* The symptoms attending the operation are, of course, the prick of the drill upon passing it through the gum; then a momentary tenderness when the drill emerges from the alveolar process into the root; then a slight painful sensation as the drill nears the nerve, which is gradually increased until the drill is plunged into the nerve-cavity; and strange as it may appear, the pain occasioned by passing the drill into the nerve-cavity, is never half so painful as the mere touching of the nerve through a carious cavity in a tooth. The symptoms after the operation are, first, a slight dull pain of from a half to one minute in duration, after the blood begins to escape from the nerve-cavity. The insertion of a plug upon a nerve, scarcely ever occasions the slightest uneasiness at the time of filling the carious cavity, nor afterwards, unless the opening made through the gum into the root becomes prematurely closed by the cuttings of the drill or a clot of blood, and in this event the pain is instantly relieved by freeing the opening. There is always more or less soreness of the gum after the operation, but never any soreness of the tooth. This soreness of the gum never causes it to become swelled, and it appears to be occasioned solely by the presence of the drill cuttings left in the hole, or from cuttings being pressed into the substance of the gum itself, from using a drill with too large a stem or neck. This kind of foreign matter gives rise to a small pustule, which forms around the hole made through the gum, and which, of course, will continue to exist until the cuttings are thrown off by suppuration, or otherwise removed. Sometimes, but very rarely, a small red pimple shows itself in the opening made through the gum, which pimple, from its great vascularity, appears to arise from the ruptured blood-vessels of the nerve. The slightest pressure upon it occasions a very pungent pain in the tooth. This little growth is readily destroyed by applying to it *nitras argenti*. One application is generally sufficient to effect a cure. But in the great majority of cases, where the operation has been properly performed, there is no soreness of the gum, nor even any appearance of the opening made through it after the first week or ten days from the time the operation has been performed.

*Fourth.* The indications for performing the operation are, in all cases, where the nerve has become fairly exposed, particularly so in the teeth of young subjects, and where the pressure of a plug will likely provoke inflammation in the nerve by its close proximity to it. The counter-indications are, when the nerve is more or less inflamed; in other words, when the tooth is aching, and when from the age of the patient and appearance of the tooth there is reason to believe that the smallness of the nerve is such that no fear of inflammation may be entertained from the insertion of a plug in the carious cavity.

*Fifth.* The success of the operation when properly performed, so far as I have been able to form an opinion, may be said to be universal. Out of not less than five hundred times that I have performed the operation during the last six years, particularly so when done in the manner I have just described, I have yet to meet the first case where the tooth has ached, an abscess formed, or where a tooth has become necrosed in consequence of the operation. But when the operation has

been improperly done, such as performing it on an aching tooth, or by making too small a hole to permit the necessary discharge of blood, or in suffering a proper sized hole to remain choked with drill-cuttings or a clot of blood, or by breaking a drill in the nerve-cavity, or in carelessly pushing a portion of gold from the carious cavity into that of the nerve—in all such cases, inflammation of the nerve was sure to ensue, causing tooth-ache, oftentimes alveolar abscess, as well as total necrosis of the tooth.

*Sixth.* Your question respecting the pathological changes that may be produced in the nerve of the tooth by the performance of the operation, I do not feel fully prepared, at this time, to answer. The most careful examination of my cases, and at different periods after the operation has been performed, is the only reliable way of obtaining correct information upon this subject. This kind of investigation I have not had an opportunity to make, except to a limited extent, too limited to venture an opinion.

With many thanks for the interest you have taken in this little operation, and the value you have attached to it by adopting it in your practice, and in kindly offering to lay it before the profession, with your own valuable and critical observations upon the same,

Believe me, dear sir, very respectfully, yours, &c.,

S. P. HULLIHEN.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON. NOVEMBER 10, 1852.

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*Medical Times.*—No reference is intended to periodicals bearing this name, in the following observations. Medical gentlemen, in their everyday professional conversations, speak of the times, especially medical times, with expressions of satisfaction or condemnation, according to their individual estimate of what are good or bad indications respecting them. That a spirit of radicalism is predominant throughout the country, in regard to medicine, is quite evident; and such has been the system of legislation within the past few years, that the slight privileges which physicians once had, have been abrogated, and the doors are thrown wide open for the entrance of every body who, influenced by a hope of gain, chooses to tamper with health. A quack cannot be called to an account by a magistrate, let him perpetrate whatever mischief he may, unless he is indicted for murder or manslaughter. As it would keep the courts of law too much occupied, were the doings of all the adventurers in medical practice to be legally investigated, they slide along very happily, laughing at their own impudence, and rejoicing in the success of ignorance. The public would not tolerate, in an educated man, what is silently passed over in the doings of modern empirics. The most preposterous of those adventurers now float triumphantly on the sea of popular favor, so long as they can manage to keep out of sight their real character. A single committal, in the presence of a person of intelligence, operates unfavorably for one of this class; but by keeping in the wake of those who have long been enfee-



bled by chronic disease, and holding out encouraging expectations which cannot be realized, beyond what is accomplished by the imagination of the patient, the various shades of irregular practitioners are engrossing an amount of profitable business quite surprising. The times, therefore, are discouraging for young men who have been judiciously trained for professional service, being thus circumvented by those of inferior educational preparation. Moral fitness and intellectual training are not taken into account in these days of medical disquietude, and consequently society at large is blameable for some of the disadvantages and evils of quackery. What is the specific remedy for this unhappy state of things? This is a question often propounded, and occasionally answered by those who know nothing about it. The fault is not altogether in the Schools of Medicine, nor in medical practitioners sent out from them, but, as we have already said, in the people. When the masses are instructed and taught something of the structure of their bodies and the inestimable value of life, they will comprehend the utility of having responsible, well-informed medical advisers. Empirics cannot be rooted out of the land; the love of mystery, especially if it relates to the treatment of disease, is singularly fascinating to many minds; and between the daring of medical pretenders among us on the one hand, and the willing subserviency of the ignorant on the other, this has become the country that nurtures quackery above all others.

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*Typhoid Fever Arrested.*—Dr. E. D. Fenner, a distinguished medical practitioner and writer, of New Orleans, asserts that typhoid fever may be, in his own language, "*easily cut short.*" He recently visited a section of Mississippi, where that malady has prevailed extensively for some years, and a trial was made of his abortive method, as it is called, in ten or a dozen cases, which were every way satisfactory. Only one of the number resisted his treatment as long as the fourth day. Without being apprised of the manner of proceeding, which of course is calculated to elicit much conjecture and a multitude of comments, we cannot state particulars; but we understand that a paper will appear in the next number of the New Orleans Medical and Surgical Journal, explanatory of Dr. Fenner's theory and practice in this prevalent disease.

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*Smith's Operative Surgery.*—In referring, last week to the great work on American Surgery, by Henry H. Smith, M.D., &c. &c., of Philadelphia, no opportunity was afforded for giving such particulars as might be of service to the readers of the Journal. In the first place, it has been an enterprise requiring indefatigable patience and labor. It is not a book made up of shreds and patches. Neither is it copied from any one or more European publications, but is truly a system of surgery based upon the practice of surgeons of the United States, who are as expert, ingenious and successful, as any on the globe. The authorities therefore are strictly American. A history of surgery, running through thirty-two octavo pages, is an interesting synopsis of what was accomplished before the age of Hippocrates, and from him down to Frere Casme, in France, in the eighteenth century; still, there is nothing new in it. But when the author reaches the history of American Surgery, he strikes a vein that calls up a feeling of enthusiasm, and the reader, like ourselves, will lament that the subject had not been more copiously treated. Next in the order of arrange-

ment, is a bibliographical index to all the treatises, both general and special, which have been originated or supervised by our own professional countrymen. An immense amount of laborious research must have been expended in this compilation. Then, to make the whole as completely national as possible, Dr. Smith has actually introduced an alphabetical catalogue of American Surgeons, with the titles of their papers. Many of them are still living, and are miracles of personal industry. On looking over a list of the writings of some of them, we felt regret that they had not contributed more to the world's wisdom.

Having given this outline of the beginning of the work, we can truly add that the whole volume, one of the largest class of royal octavos, abounds with matter of practical value to the surgeon, is finely printed, and beautifully illustrated with colored drawings, executed in the very first order of artistical skill. We have seen nothing like it, and the ground has been so thoroughly occupied by the persevering author, that it will be a long while before the work can have a rival. Desirous as we are of doing full justice to Dr. Smith, in pointing out to medical readers the peculiar claims of this great work, it is difficult to do so, as its merits can only be appreciated by actual examination. No one competent to estimate the value of these researches, would hesitate an instant in admitting that it is a valuable and splendid book, and one which no surgeon can do without if he has a particle of ambition to keep pace with the progress of operative surgery on this continent. Copies may be seen at Ticknor's, Washington street, Boston, and probably are on sale in all the cities throughout the union.

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*Syphilis*.—Erasmus Wilson, F. R. S., whom every medical scholar knows, of course, from the circumstance of his being an author of celebrity on diseases of the skin, completed, as lately as January last, a *Treatise on Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions*, with four colored plates admirably executed. Messrs. Blanchard & Lea are the American publishers. It is an octavo of 284 pages, on good paper, with a beautiful type. It being the express vocation of a physician to cure diseases, it necessarily follows that he must treat them as they come; but to meet the various exigencies of practice, the experience of others must not be overlooked or lightly estimated. In cities, the demand for advice in venereal cases is very great. Quacks thrive by imposing upon that class of sufferers, more than on any others. Patients pay liberally to be cured, and will often rather employ a stranger than commit themselves to known and respectable practitioners. Under all circumstances, a standard book of reference, in which each shade of the disease is specifically described, and appropriate remedies designated, must be highly estimated. There are eight chapters in this volume, in which are considered each and all conditions of a patient who is the victim to this malady, with numerous cases explanatory of the true state of things in them. We predict a favorable reception of the work, and a gratifying sale by the enterprising publishers. Messrs. Ticknor & Co., Boston, have the copies. Perfect as Acton is, as a rule of practice, this will become popular, because the elements of success are discoverable on every page.

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*Dr. Tully's Writings*.—Gratifying patronage in the way of subscriptions is daily being extended, we are informed, on the works of Dr. Tully,



who is now residing at Springfield, Mass. The profession could not do a better act, than to sustain the industrious and laborious author in the publication of a series of numbers that will do honor to the medical literature of our country. There are few men living, more profoundly learned in all departments of scientific knowledge, or who have a happier faculty of presenting it to others; and in the domain of medicine, his appropriate sphere, it is by no means surprising that high expectations are entertained by those having an intimate acquaintance with his life of preparation.

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*Dental Surgery.*—An octavo treatise on this important branch of professional service, by Thomas E. Bond, M.D., of the College of Dental Surgery, at Baltimore, indicates an activity of research in a branch of practice which was at one time supposed to consist merely in a few mechanical manipulations, the performance of which required neither learning nor skill. But a succession of practical works from operating dentists, American ones, has convinced those thick-headed gentlemen who could see nothing scientific or professional in that department of surgery, that talents of the first order have found enough to do, in clearing up obscurities, sweeping away prejudices, elevating their business, and developing its literature and science. They have surprised the medical profession by their learning and sound reasonings, and the practical turn they have given the subject. Dr. Bond is a clear, candid author. He asks no greater favor than to be read understandingly, and that is his due. There are twenty-five chapters in his work, embracing the diseases of the teeth and their appendages. It is distinctly a guide-book, and an every-day adviser for a dental practitioner, abounding in suggestions of great service to him. It will command the respect of all denominations of scientific readers. Messrs Lindsay & Blakiston, Philadelphia, are the publishers. Copies may be found at most of the bookstores in Boston.

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*Dr. Mattson's New Syringe.*—This instrument meets with the most gratifying success, as it deserves, for it is a beautiful, and, at the same time, an economical form of the instrument. Our favorable notice of it, two or three months since, has been confirmed by a number of our most distinguished physicians in Boston, New York and Philadelphia, among whom are Dr. Warren of this city, and Dr. Mott of New York, as will be seen by reference to the advertisement on another page. The book accompanying it, contains an interesting notice of the successful treatment of dysentery in India by tepid water injections, and also a brief chapter in explanation of the views of Dr. O'Beirne, of Dublin, on defecation, &c., with a number of remarkable cases in which he afforded instant relief by the employment of injections, in connection with the rectum tube.

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*Is there any Antidote to the Effects of Chloroform?* TO THE EDITOR.—The loss of an only sister a few days since, in her gestative period, from the use of chloroform, suggests the above inquiry. If it can be answered, it may be the means of saving the lives of others. When I arrived at her residence, she was evidently moribund, laboring under all the nervous insensibility usual to the use of the agent. She had taken it in a preceding labor with impunity, and she had now hastened with great confidence to its happy, but, unfortunately, fatal influence in this instance. Every means were used to stay the progress of the prostration incident to

it, but all to no purpose. She breathed her last calmly and quietly, without a facial change of expression.

SUBSCRIBER.

*The New Treatment of Exposed Dental Nerves.*—We publish to-day the report made to the American Society of Dental Surgeons in August last, by Dr. Cone, of Baltimore, to which we referred last week. The reader will perceive in it the claims of Dr. Hullihen as to priority in the performance of this important dental operation. Since the report was in type, a communication from Dr. E. B. Gardette, a distinguished dentist of Philadelphia, has been received, in which he maintains Dr. Hullihen's rights in opposition to those of Dr. Miller, as the original performer of the operation, and refers to some account of it by himself in the October number of the Medical Examiner. We have also received from Dr. Miller a brief communication to be published, accompanied by documents in the form of letters and certificates, which show conclusively that he was in the habit of performing the operation nearly two years before Dr. Cone's report was read to the American Society. We shall insert next week the short communication by Dr. M. above referred to, which is all, we think, that we need be called on to publish, respecting these rival claims, as there are dental journals in the country to which the matter more properly belongs.

*A Postmaster who is a Disgrace to the United States.*—The Dental News Letter for October, says that a number of that periodical was returned from the post office at Waynesboro', N. C., with the following words written upon it. "*Don't send your cussed paper here again. Dr. D. G. Ward is dead, insolvent and run away. Don't be a fool all your life. What do you think of the Rochester rappings?*" The proprietors of the Journal, which is a highly respectable publication, are determined to present the subject of this gross insult to the consideration of the government at Washington, which ought to lead to the immediate dismissal of the insulting offender.

*Medical Miscellany.*—Mrs. M. Gould, of Montpelier, Vt., died, a few days since, at the age of 102 years and 4 months.—Health at San Francisco, continues good.—The yellow fever still lingers at New Orleans.—Typhoid fever has been prevailing extensively in Mississippi.—It will have been noticed, by our weekly bill of mortality, that Boston has been enjoying a remarkable degree of health during the present autumn.

MARRIED.—Dr. J. Ellis, of Portsmouth, R. I., to Miss M. G. Choules.

DIED.—In this city, Dr. John Mason, 67.—In Taunton, Mass., Dr. Asa M. Adams, 68.—In Havana, Dr. Ferdinand E. D'Abria, a celebrated physician.—In San Francisco, Dr. D. C. Cates, of Portsmouth, N. H.—At Easton, Md., Dr. Wm. Helmley.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 6th, 66.—Males, 34—females, 32. Apoplexy, 1—inflammation of bowels, 1—inflammation of brain, 1—consumption, 12—cholera infantum, 1—croup, 4—cancer, 1—dysentery, 2—dropsy in head, 4—drowned, 2—debility, 2—diabetes, 1—infantile diseases, 2—typhus fever, 4—typhoid fever, 3—scarlet fever, 6—disease of heart, 1—hemorrhage, 1—intemperance, 1—inflammation of lungs, 4—ossification of arteries, 1—old age, 2—scrofula, 1—teething, 4—thrush, 1—ulceration of intestines, 1—unknown, 1—worms, 1. Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 7. Americans, 28; foreigners and children of foreigners, 38. The above includes 6 deaths at the City Institutions.



*Quack Literature.*—It very seldom happens (to the honor of human character be it spoken), that *educated* persons become *quacks*. But on the other hand, very many if not most of the quacks in medicine are extremely illiterate; and it is gratifying that such is the case, for a prostitution of learning and talent to the base purposes of quackery is painful in the extreme.

We receive many illustrations of the ignorance of *quackdom*, among which the following may be taken as a fair specimen. It appears that the writer had slandered a reputable physician, and being called to an account by a friend of the person, offered the annexed apology. Of course we suppress the names of the parties.

“Mr. ———. Sir i Re’vd your lines this morning in Relation to some Statements that i made a bout Dr. ——— Being a Quack, if i made eny such Statements as that i don’t Recolect of it i might of Called His name if i did it was throe a mistake as i am not a quainted with him or his Profecional Carrear. i would not say eny thing to ingury eny Person i mite of been speaking a bout \*fasitions a Round your country Called some of them quacks, and Likely Caled Dr. ——— a quack, but if i did it was not my in tension for so doing as i new nothing of the Gentle Man. i hope there is no insult a pon my Part. As fare as i have been acquainted with you or Dr. ——— i think a great eal of you both and was willing at all times to accomodate you or Him to eny arctele or Books i Had.

“I hope there is no Hard felings with you and Dr. ——— a gainst me.  
“Your Freend ————”

The writer of the above article is a practitioner of the quack stripe; and whether he is the “doctor” referred to in the following anecdote or not, we are not certainly informed, but the thing is not impossible:

“*A Doctor as is a Doctor.*—A country physician was called upon to visit a young man afflicted with the apoplexy. M. D. Bolus gazed long and hard, felt his pulse and pocket, looked at his tongue and his wife, and finally gave vent to the following sublime opinion:

‘I think he’s a gone feller.’

‘No, no!’ exclaimed the sorrowing wife, ‘do not say that.’

‘Yes,’ returned Bolus, lifting up his hat and eyes heavenward at the same time, ‘Yes, I do say so; there arn’t no hope, not the leastest mite; he’s got an attack of ni hil fit in his lost frontis——’

‘Where?’ cried the startled wife.

‘In his lost frontis, and he can’t be cured without some trouble and a great deal of pains. You see his whole planetary system is deranged; fustly, his vox populi is pressing on the ad valorem; secondly, his cutacharpial cutaneous has swelled considerably, if not more; thirdly, and lastly, his solar ribs are in a concussed state, and he arn’t got any money, and consequently he is bound to die.’—*Western Lancet*.

*New Mode of Applying Leeches.*—Dr. Sloan, of Ayr, says, that by covering leeches with a cupping-glass and exhausting the air moderately by means of an air-pump, they suck much more rapidly, and soon become fully distended and fall off. A sufficient quantity of blood may be obtained by continuing the exhausting process afterwards. The erysipelatous appearance which usually follows leech-bites, is thus prevented.—*Monthly Journal Medical Science*, Aug. 1852.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 16.

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DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 254.]

**ABDOMINAL SUPPORTERS** have varied as much in their fashion as pessaries, though there are few principles concerned in their construction or employment. Some are belts, buttoned or laced around the hips and over the abdomen. Others consist of an adaptation of springs, furnished at particular points with pads, some of which keep the apparatus in place, whilst one large or two smaller ones, just over the pubis, are intended to act upon the uterus, and by making forcible pressure there, keep that organ from slipping down. Such, in brief, is the rationale of the construction of a variety of contrivances whose name is now legion. Some have spiral-spring pads—others concave pads—others horn ones—and so on ; but they all amount to the same thing above sketched.

These affairs are now so generally worn, that opportunities of observing the effects of them are very plenty, and the result of availing oneself of such opportunities has brought us to the conclusion—possibly surprising to others—that in not more than one case out of six does the supporter retain the uterus in place. These numbers are not given from accurately recorded cases, but we are certain that they cannot be far from right. To be sure, in some of the six cases the instrument is not needed so far as the uterus is concerned, for in fact no displacement of it exists, and the instrument is adopted at the recommendation of some unprofessional friend, in consequence of an error caused by feelings of debility which the instrument does remedy. In the cases upon which we make this assertion, it had been used too short a time to have produced a cure. In the cases remaining, the uterus often remained prolapsed, because, as we above explained, the line of pressure was too high to act beneath the body of the organ—yet the instrument was a comfort in sustaining the contents of the abdomen, disposed to sink down from relaxation of the walls. In some, we found the supporter decidedly hurtful, and its name a misnomer, for if it did not actually force the organ down, it tended to keep it so.

We have used supporters in very few cases with a view of directly supporting the uterus, for we think it will be found that in very few, comparatively, can it be so supported ; but we have found them very serviceable in assisting to restore tone to the abdominal walls and their contents, and also sympathetically to the organs within the pelvis. Using



them in this way, they act in the same manner as bandages on a feeble limb—supporting the muscles and other tissues, until they gain one elsewhere, but which would not be so readily gained without such support. Having this in view—and also an ever-ruling principle with us, to simplify everything as much as possible—we have added ourself to the number of contrivers of abdominal supporters. Ours consists of a belt of Dowlas linen, cut bias so as to “give”—three inches wide behind—becoming broader as it passes forwards over the hips—and six inches wide in front where it laces up. On each hip there is a *gore*, so as to fit it to the shape. In front, the line of it is horizontal above—but cut to the line of Poupert’s ligament and the pubis below. From two inches back of the lacing on the upper edge, passing down to *just* back of it at the lower front corner of the belt, there is let into it a strip of sheet brass about half an inch wide. This should not be thick enough to be heavy, but sufficiently so to keep its curve, when once fitted to that of the abdomen. This, like the pessary, is as simple as possible, and any woman of ordinary ingenuity could fit herself with it. She should have two for a change.

This is the belt which we use in connection with the pessary ; as even where its other offices are not particularly wanted, it sets so well as to fully repay in comfort for the trouble of making it. We have been much gratified at the number of instances in which we have seen the more complicated and expensive supporters thrown aside, and preference, after trial, given to this simple affair. It may be well to add, that if our views are correct, and it is a general supporter to the muscles that is wanted, rather than a doubtful sustainer of the uterus—a broad belt, like the above described, gives much more equable and uniform support than any series of pads could.

For cases in which cure is out of the question, and prevention of protrusion is the only object in view, the pressure of a pad upon the external labia has been found very effectual. Dr. Hamilton’s contrivance for this was a simple T bandage, or belt and perineal strap, the latter supporting the cushion [Practical Observations, p. 25]. Dr. Annan, formerly of Baltimore, used a spring like that of a truss around the hips, and to this was attached another at right angles, passing down in front of the pubis and furnished with a pad at its extremity—[Amer. Jour. of Med. Sc., Aug., 1836]. On general principles, we should prefer the first.

Having thus disposed of mechanical contrivances, we will now see what surgery essays to do for uterine displacements.

Dr. Hamilton, in his strong objections to pessaries, detailed in his Practical Observations, before advising the contrivance just mentioned, suggests narrowing the calibre of the vagina. This he attempted himself in one case by introducing into it a ball of “*emplastrum ceral*,” and a second time a bag of alum. Inflammation and sloughing followed, but no adhesion or narrowing. In another case he got Mr. Liston to bring together the walls of the passage by ligature ; but after much suffering, no benefit was attained. Langier made the same attempt with actual cautery and with nitrate of mercury, but was equally unsuccessful.

ful—[*Sur le Cauterization du Vagin au fer rouge—Encyclog. des Sc. Med.*, Sept., 1838]. We are, however, under the impression, though we cannot now recall the authority, that he did effect his object with nitric acid.

M. Girardin suggested an operation like that of Hey and of Dupuytren for prolapsus ani—removing a strip of the vaginal mucous membrane by the knife, and bringing the edges of the wound together with sutures. This has now been frequently performed by different surgeons with great success. They exhibit some slight variation in the operation. Thus, Dieffenbach removed a strip on each side—Marshall Hall one in front. Dr. Ireland [*Dub. Jour. Med. Sc.*, vol. vi., p. 484] has performed it twice—in the first case taking one broad strip from the side; in the last, one from the back and another from the front. The removal should include nothing but the mucous membrane. The incisions should embrace a very acute triangle, with the base towards the external labia. Three ligatures generally suffice. The one nearest the os uteri should be tied first, and the uterus reduced as each is tied in succession.

The hemorrhage is slight, as is also the pain except when dissecting near the labia. The subsequent inflammation must be combatted with the usual antiphlogistic means, among which cold water injections are very useful, and should be given three times a-day. This operation is termed episiorrhaphy. The only objection to it is, that, in child-bearing women, the course of the incision might be re-opened during delivery; but Dr. Fricke, who has cured three out of four cases by it, says that he delivered one of these without the slightest accident. Where the patient is beyond the period, a modification of the operation has been used, having in view the prevention of protrusion. It consists in obtaining an adhesion between the external labia to some distance within. This has been done by Dr. Geddings, of South Carolina, with success in several cases—[*Amer. Jour. of Med. Sciences*].

As a last resource, surgery, failing in its highest aim, has removed the prolapsed organ in one case where reduction was impossible. The operator was Dr. Toogood, of Bridgewater in England. The patient was 60 years of age. The result was a great relief to the sufferer, who bore the operation well. It will be recollected that we have already mentioned a case where nature resorted to the same means of relieving prolapsus, and with success. The number of cases of excision of the uterus which are now on record, enables us by this time to pronounce upon the operation. So far as danger to the patient is concerned, it is not as objectionable as many others which are unquestionably among the justifiable efforts of surgery. It has other bearings, however, which must always have a strong modifying influence with the physician—a controlling one against its performance except in a very few, exceptional, cases.

This comprises all the local treatment for uterine displacements which we think merits attention. It is not, however, all that we can expect to do for these affections. A very important part of our care yet remains in that addressed to the general system.

Much that would otherwise come under this head, has already been anticipated in our disquisition upon the causes that lead to the disease.



Of course in our essay to cure, we must first remove any cause that may still exist, and alter all those circumstances that originally led to the morbid condition—or that still tend to its continuance. This will induce a rigid scrutiny as to whether the laws of hygiene be habitually and strictly complied with, more particularly those which we pointed out as so liable to be disregarded by the female sex. Upon only one point concerning these do we now think it necessary to say more, and upon this but little.

In speaking of dress as a cause, we quoted largely our previously published views, and corroborated them with the results of our more recent and fuller experience. We will now only add the method in which we remedy evils from this source. When a case of uterine displacement presents itself to us, after insisting upon the free and gentle yet thorough evacuation of the bowels once a-day, as an absolute necessity if cure is desired, we next insist on a complete alteration of the dress, by which all its objectionable peculiarities are remedied. Where the disease is not urgent; where it has not continued long, and the rest of the system still preserves its tone, if we cannot go farther, we require that a light under jacket shall be worn, to which all the skirts shall be buttoned, and by thus sustaining them, relieve the hips and abdomen almost wholly of their weight. This is a modification greatly for the better; but there is a still greater one which we enforce where the disease has continued longer, and where the general system has suffered so much from it as to demand in its favor *every* advantage, no matter how trifling. We urge that warmth and comfort be attained entirely by loose drawers, buttoned to the jacket just mentioned; and that over these only one light skirt—say a starched cotton or a grass cloth one—be worn beside the outer dress. In other words, that the woman be dressed just like a boy in jacket and trowsers—covered after this with her outer garments, for propriety and grace. This is, we confess, a very thorough change, and many might call it an unnecessary exaction; but we do not think so, nor does one of the many patients who have submitted to it. On the contrary, they have without exception used the most unqualified terms of praise—often approbatory to an extravagant degree; in assuring us of the comforting effects of it. It not only attains the immediate end of relieving the uterus, but it gives a freedom to the whole person, ensuring more warmth with but half the former weight of clothing.

Another point in dress requires, as we have already hinted, attention; the legs and feet *must* be warmly clad. This may be effected in the way most agreeable to the patient, but we say with emphasis, it *must* be done.

[To be continued.]

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#### PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Continued from page 309.]

FROM the museum I went to the great hospital under the care of Dr. C. Pföhl, to whom I had a special introduction from Sir James Wiley, and from whom I received the most welcome and useful attentions. The

hospital contains 1800 beds. There were 1109 patients at the time of my visit, July, 1852. The diseases were :

Acute and Typhoid Fever, . . . . .	259	Scrofula, . . . . .	28
Pulmonary Diseases, . . . . .	160	Syphilis, . . . . .	107
Ophthalmia, Egyptian and com- mon, . . . . .	100	External Diseases, . . . . .	172
Chronic Internal Diseases, . . . . .	157	Scabies, . . . . .	66
Rheumatism, . . . . .	60	Total, . . . . .	1109

Of these, besides soldiers,

Officers, . . . . .	23	To be discharged from service, . . . . .	36
Boys, . . . . .	69	Discharged, . . . . .	64
Soldiers to undergo punishment, . . . . .	31	Wives of soldiers, . . . . .	50

The *résumé* of two years, of the whole operation of the hospital in its medical department, is thus :—

	Remained.	Received.	Discharged.	Dead.	Remained.
From Nov. 1, to Nov. 1, 1850, . . . . .	743	9067	8106	720	983
From Dec. 1, to Dec. 1, 1851, . . . . .	865	9711	8902	781	923

There is a difference between the *remained* of 1850, Nov. 1, 983, and the *remained* of Dec. 1, 1851, 895. This difference may be explained by the discharges or deaths which may have happened between Nov. 1, of one year, and Dec. 1, of the other—namely, one month.

I desired Dr. P. to give me these statements or statistics of two years, for comparison. And it is worthy observation how nearly they correspond, in the proportionals of numbers received and discharged—of deaths and remaining. There were diseases which I suppose belong to the chronic class, which much interested me. One of these was dry gangrene. It occurred in young men, in whom this disease is not ordinarily met with. It was observed only in the lower extremities, and in the lower parts of these, for instance the ankles. Another disease was scurvy, the disease being very much the same with that which is observed in ships after long and exhausting voyages, without vegetables on board. The Russian soldier has only vegetable food allowed him. It consists mainly of one article, black bread. It is a question how far such diet, unchanged, may predispose to, or produce the disease.

There was an insane ward. I did not learn how many patients were in it. The Hanwell system of *non-restraint* obtains fully here; and though a suggestion was made to me before entering the ward that I might be incommoded by the manners, or their want, of some of the patients, I met with no annoyance whatever. They were perfectly free, in a large room, and seemed very comfortable and quiet.

The wards for pulmonary diseases were very interesting to me. Here were cases of gangrene of the lungs, the physical signs of which were well marked. For the most part the diseases were chronic, as phthisis, &c. Auscultation was practised in all cases, and the manner was peculiar. This especially regarded the respiration and cough. I have never met with such *voluntary* or *forced* breathing before. It was loud in an absolutely startling degree, and the characters of the sounds indicated lesions as I have never before observed, or seen described. The cough was as remarkable as the breath, and my conclusion was that both must



have been produced by practice, an extension of the *drill* which was novel. It gave the patients no visible discomfort to breathe and cough thus, and for diagnosis it was admirable. The object was so *magnified*, that it could not fail to be noticed, and the diagnosis thus obviously aided.

The whole culinary arrangements were excellent, the food perfectly good, and adapted to diseases and their stages. I was walking with Dr. Pfehl in the grounds, when some servants came along with food, for soldiers and officers, in large trays. It was covered with plated dish covers, and in perfect order. The men were stopped, the dishes opened, examined and tasted. It seemed to be as well prepared as could be demanded any where.

I have not spoken of the architectural arrangements of this great establishment, but they failed in nothing of the excellence and fitness observed in other hospitals. It was as neat, as clean, as well aired as are all others in Russia. Every thing told the same story of the care and science which had been used in its whole construction. It stands alone in a large plain, and in its vast dimensions, and whole management, cannot but command one's admiration for itself, and reverence for its Imperial founder. I feel deeply indebted to the gentleman who so courteously gave me his time, and did so much to make me acquainted with his important charge. He speaks many languages, English, French, German, perfectly; and in his accounts of cases, and references to pathology, showed how faithfully he had studied medicine in the best of its literature. The Report now before me, and from which I got my statistics of the hospital, is printed in the Russian language. Dr. P. very kindly gave me a full translation of it in English.

From Russia I proceeded to Denmark. Copenhagen was a new region. Every thing showed that in a few hundred miles a great step had been made towards the completeness of social institutions for individual comfort, and progress. It is an excellent city, and has in it objects of great interest. I went to Copenhagen, in part, to see Thorwaldsen at home. He is dead, but here are his works for admiration, reverence, and everlasting memory. Here are the models from which were made his sculptures—his finished and unfinished works which at the time of his death were in his possession. His collections of engravings, paintings, books, &c.—all that was his, is here, in this magnificent dwelling-place for the highest art, erected for it; and there, in the large quadrangle which it forms, lie the remains of Thorwaldsen, the exact place marked by a slight enclosure of granite, say six or eight inches high, which bears on its sides, his name—his birth-place—the day of his birth and death, and in it are beautiful flowers always growing—the fitting coronation of such a genius, and such a life.

I visited two large hospitals in Copenhagen. One of these was a city hospital, and arranged very much as such institutions generally are. The medical officer resides in the house, and is followed by pupils at his morning visit. I made mine at this time. The number of patients was large, and they were well provided for. The *maternité* especially engaged my attention, and from the resident physician I learned much of its history. It is large, and can contain many hundred patients. It has

suffered much from puerperal fever, and substantial efforts have been made for its prevention. Success attended, and has continued to follow them. The principal feature in the plan pursued, is insulation—the insulation of the hospital, or of its wards, and so of its patients. The hospital is divided into two parts. One of these is occupied half the year, the other remaining empty. This last is painted, whitewashed, &c. &c., the furniture renewed, free ventilation secured—so that when it is again used, it has all the characters of a new house. Each patient has a room to herself. The room is very high, and of ample dimensions in length and breadth. When a patient leaves a room, every article of furniture is taken out—the bed made over—the hair washed—in short, every means used to make the apartment and furniture as clean and as pure as possible. Ventilation is thus provided for. Air is admitted from abroad in sufficient quantities. An opening is provided for the constant escape of air. A tube proceeds from this to a large foul air chamber in the highest part of the hospital. From this chamber a chimney descends to a room in the cellar, in which is a fire-place on the top of a brick structure which stands in the middle of this room. The only air for keeping this fire alive comes down upon it from the foul air chamber above. The fire burns constantly night and day, from the beginning to the end of the year. The flame was well sustained by this mode of admitting the air, and I felt the current distinctly on my head. The rooms are heated in the winter by hot-water pipes. I visited patients in their wards, and found every thing in as perfect order as it seemed possible for it to be. At times these rooms, one or more, are insulated, because of some occurrence, and are left empty for a month or more.

Now what is the result of all this provision for health, in a public institution, and for the poor? You look at, walk through this immense house, and you see every where evidences of the labor for health which is constantly in operation within its walls. The purity of the air, the order, the universal cleanliness, the healthful appearance, of the sick and of those who look for delivery. Then as to final results. These tell the same story. There have been no cases of puerperal fever since these arrangements for preventing it were made. The experiment has now lasted between three and four years. Before its institution, fever was scarcely ever absent; and the mortality was as great as ever attends this disease in lying-in hospitals. It may be said the fever was never absent. This method of ventilation is that of Reid, with such modifications as circumstances may demand. It may be said that more time is required before these methods for prevention can be considered as established. The distinguished physician of the Copenhagen Maternité, Dr. Lever (if I have correctly spelled his name), will try it until all questions concerning it are settled. I would here express my sincere thanks for the uniform kindness and courtesy of its physician.

At Vienna I had the pleasure to become acquainted with Dr. Arneth, and was introduced by him to Dr. Brown, the resident physician of the Maternité department of the Vienna Hospital. This is an immense establishment, well situated in regard to air, and has extensive grounds and parks for the use of convalescents, and of such incurables as are able



to leave the wards. Some idea may be got of the extent of the midwifery department, when I state that I was told that as many as between thirty and forty women had been delivered in it in one day. There is a male and female class of pupils here, and they have distinct parts of the house allotted to each. Puerperal fever is a frequent and fatal disease in the Vienna Hospital.

I was very desirous to learn how far ventilation, and insulation of wards and patients, were attended to here. These, it would seem by the answers obtained to my questions, had been but little regarded. Insulation had engaged no attention; and I was distinctly told that in wards in which ventilation and cleanliness had been most attended to, puerperal fever had most frequently occurred. I had examined with much interest a maternité in St. Petersburg. Nothing can exceed the care taken to prevent disease, and the success is perfect. In Copenhagen the frequent occurrence of puerperal fever in the large lying-in hospital in that city led to the efforts already described to prevent its appearance there, and with entire success. In the Vienna hospital no such care is taken, and it would appear that none is thought necessary. Puerperal fever is in that hospital constantly, and is very fatal. I gave an account in Vienna of what I had seen in Copenhagen, and was told that Reid's method had been tried in the Westminster Lying-in Hospital, London, and had been abandoned on account of the expense, the trouble attending its use, or its failure. It was my purpose to have visited that establishment on my return to London, but failed to do so. I cannot but express the belief that the experience in Denmark and in Russia of the beneficial results of the preventive means employed in each, made a very strong case in favor of their use elsewhere. Much labor and some expense are and must be involved in such arrangements for the health of puerperal women. But were it not unnecessary, how easily might it be shown that this class of patients have the strongest claims to the best regard of communities and of individuals. Especially should they be spared the hazard of death after an ordinarily most safe function, by being placed within the easy, almost necessary reach of a most malignant disease.

I visited the lying-in rooms while cases were in progress or just completed in each, namely, the one attended by general medical students, and the midwifery class of women. They presented busy scenes, I assure you. Here were women in labor, in its various stages. Here women just delivered. The children had special care. There was no want of water. A large tub was placed on a table half full or more of water, and the new-born was well immersed in it, screaming and struggling for dear life. I believe it is Dewees who dwells strongly on the benefit of crying to new-born children. I think the Austrian children must be specially strong in the lungs. The medical students, or some of them, were at a table writing, making notes probably of the cases just finished in their ward. Everything had a business air, and it was evident that here was a place in which intellectual and physical activity was the order of day and night, of all day. The question arose if such an amount of work, such exhaustless variety of cases, might not produce

hurry and confusion in what was constantly in hand, and give rise to intellectual habits perhaps less favorable to the prosecution of more confined, and limited, professional interests, than might a narrower range of observation. In the midst and pressure of so many observations, such crowds of facts, may not thought be interfered with, and the senses more occupied than the mind? If there be truth in the affirmative of such question, then the inference might be that there was some chance that superficial knowledge might come to occupy the place of more substantial learning. Against such chance, however, the student may always guard himself.

Another question occurred to me in this late visit to Europe. It was if it would not be better to visit foreign countries, and mainly for professional purposes, some years, say ten or fifteen, after beginning practice at home. My first visit to Europe was made after getting my degree, and after a not very long, but very fruitless exercise of that patience, which in the young physician "hopeth all things." I was gone between one and two years. I was never so fully convinced of the mistake I made in the time of that visit, as during my recent one made forty-two years after the first. I had not then learned my wants. I had not learned how little I had then acquired. The old routine of lectures, &c. was pretty faithfully pursued, with some of its ordinary results. I cannot but think, after my later experience, that half the time then bestowed on foreign travel and study would, at a later period, have been productive of much more advantage to me than was the whole earlier time which was devoted to the same objects.

These questions are put because of the deep interest taken in foreign travel, and because of the questionless advantage which may be taken of it. The most crowded hospitals, and the severest demands upon the time of the student, are both full of the means of most profitable learning. The question is, how shall they accomplish most for him who is placed within their reach and use. As to later travel, some light respecting this may be derived from the practice abroad concerning it. There it is very common for the established physician to travel, as the language is, to take a vacation by visiting distant countries. In this way visits have been made to America, and others are promised, and by men of the highest eminence. At Edinburgh I learned that Retzius, of Sweden, had been for six weeks the present summer in that city, the guest of Prof. Simpson, and with him had besides been to Ireland. This visit had been devoted to science as well as to pleasure, and doubtless with advantage on all hands. Prof. Simpson represented it as a most agreeable and important fact to have such a man his daily companion, and dwelt on the mutual regret with which they parted. These professional holidays may now be easily kept. The voyage to Europe is very short, and at most two months will furnish abundant opportunities for seeing and learning what will be of most profit and pleasure. Then the expense is reduced to the smallest sum; for travellers tell us that they go abroad and pass three months in the most important portions of Europe for about a hundred pounds sterling, or five or six hundred dollars.

EDINBURGH.—I visited here the Insane Asylum. This is an extensive establishment, very large, with abundant accommodations both for



medical treatment, and for in-door and out-door occupations. The inmates seemed perfectly contented with their situation. In my wanderings among them I heard no complaints. Many were at work in shops, as tailors, shoe-makers, &c., and as busily employed as are others in the same business. I was very much struck with this, or with its degree. The industrious workers scarcely looked up from their work as we walked among them. Large numbers were employed on the grounds. The time of harvest had arrived for some products, and the men were quietly and industriously getting them housed. I was told that the health of the inmates was very good, and the recoveries a fair average. Freedom from restraint is practised as perfectly as circumstances permit, and I should think in some regards, is carried farther than elsewhere. Amusements form a part of the system of moral management here, and with great benefit. I need hardly add that the order, neatness, ventilation, library, &c. are worthy of all commendation, and place this establishment among the best in Europe. Since my first visit to Edinburgh great changes in it have been made. The hospital has been re-built, the university finished, and the whole exterior of the city so changed, that it is now one of the most magnificent cities in Europe.

I went to the Hospital with Prof. Simpson, and saw in it many cases of interest. Among the diseases was pelvic abscess, and to which the Prof. has paid much attention. A chronic case exhibiting its gravest symptoms, was here, and was operated upon by Dr. S. He opened the abscess, by the vagina, and a large quantity of very offensive, bloody purulent matter was discharged. The inside of the abscess had in it much shreddy, ragged tissue, showing how extensive was the lesion of this protracted disease. I saw many cases of the same affection in different stages, all manifesting its peculiar symptoms. These are local and general, the first depending on the place in the pelvis occupied by the disease; the second on its severity, and especially on its continuance. In the beginning of the disease and in its progress to suppuration, symptoms of inflammation are present, afterwards those of irritation, with the ordinary signs of hectic. The patient in the hospital exhibited the latter in a striking degree, while in others the inflammatory symptoms predominated. Pelvic abscess has its beginning in the cellular tissue of any part of the pelvis. It may be between the vagina and bones in the transverse or oblique diameters, or in that which connects the reflections of the peritoneum which form the broad ligament. It may be initiated by inflamed and suppurating ovary. Suppose its seat be high in the neighborhood of the Fallopian tube, or near the brim of the pelvis—then the abscess may show itself in the groin, or higher in the abdomen. I have met with cases of this kind following labors in which the discharge has been in the neighborhood of the iliac fossa. Suppose it be lower, which is more frequently the case, we find the tumors there. The causes of this disease are obscure, except it be a sequela of labor. Here its cause is injury sustained during labor. In some cases the lesion goes beyond inflammation, and the death of the part is produced, with sloughing depending on the extent of the injury. The symptoms of pelvic abscess are pain, which is often very severe, and always very distressing, making walk-

ing difficult, especially in the limb corresponding to the side of the pelvis diseased—heat in the vagina—vesical embarrassment—painful defecation. Chills, rigors, throbbings, attend suppuration, as in other like stage of inflammation. The diagnosis is not easy. Local congestion with enlargement of the vessels, a diseased ovary, tumors, and other local troubles, may imitate it. The exploring will be often a useful means of diagnosis. The treatment in the early stages is such as local inflammation commonly requires, and a free discharge of the abscess when formed. I have extended this history further than I intended, for I was much interested in the study of this disease, and cannot but believe it may often exist without being diagnosed. I have known a case of pelvic ulcer extend far into the abdomen, discharge itself in the neighborhood of the groin, and remain open for more than a year, making the condition of the patient as wretched and uncomfortable as possible, in which I believe now the pus might have found a different exit, and recovery very soon have followed it.

It was my great privilege to receive the hospitality of Professor Simpson for some weeks. He gave me daily opportunities for the observation and study of diseases, such as I have never before met with. Some idea of these opportunities may be got from the statement that *ninety* patients were counted in Prof. Simpson's house in one day. The system of attending so many is perfect. The patients are arranged in two long rooms. They draw numbers every day, and are called in the order of these. The time for assembling is about one, and the clinique ends at about six, the dinner hour. The day begins early. Breakfast between eight and nine. The room is more or less full of patients who at this time sometimes call with their physician. They often come before their own breakfast hours, and find places always ready at the Professor's table. Letters and notes are brought in now, and are read, and if need be, answered at table. An amanuensis writes the answers in short hand if necessary, and afterwards copies them. The carriage is at the door, and the out-door morning service begins. The day's record properly should begin the night before. Upon one occasion, as I was passing in the neighborhood of his chamber, he asked me into his *study*, as he called it. Just over his pillow was a gas burner, and by the head of his bedstead a "what not," with books. "Here," said he, "is my study. Here I read and write papers for the Medical Journal, of which I am an editor, and in this way, and in patient's houses, I do my principal writing." He is of course often called out at night; and again and again have I known him to come from a whole night's visit to his breakfast table, thence to begin the work of another day. The first night I passed in Edinburgh, Prof. S. took me with him to visit a case of difficult labor, and we did not get home till after midnight. I felt a little tired, for I had driven that whole day and preceding night, and without stop, from London to Edinburgh, some three or four hundred miles, and thought a bed would be a welcome accident. It is literally true, that the very night before I left Edinburgh for Liverpool, for the steamer, I was visiting in the country a patient, with Prof. S., until after midnight. He was called out again after his return, and did not come home till six next morning, just



in time for an early breakfast with me, and to accompany me to the station of the early train.

Why this record of the professional life of a physician from whom I received attentions which I can never forget? Because of the impression it made upon me. I saw in this, and kindred minds here, the same intense intellectual and physical vitality which I observed every where in Europe. It was my privilege to become acquainted with, in Edinburgh, and enjoy the hospitality of Professor Sharpey, of the London University, of Professors Syne, Christison and Simpson, of the Edinburgh—with Drs. Alison and Scott, with Messrs. Newbigging, Goodsir, and others, and I say that wherever and with whomsoever I was near enough to observe intellectual life in action, I was perpetually struck with its force and with its products. Go where you may, whether to Great Britain or to the Continent, and on every hand is the same evidence of power in its results. Art and science, literature in all its kinds, declare themselves in magnificent works, for admiration and for culture. The mind, one's own mind, feels itself at home, in its true home, in the society of living men—of immortal works, or in present works destined for immortality; and it acknowledges, and gratefully too, that it has been helped and delighted with every new revelation of human power, in the observation of everyday and permanent discoveries.

[To be continued.]

## ON A NEW FACT RELATIVE TO THE PHYSIOLOGY OF THE SPINAL CORD

BY E. BROWN-SEQUARD, M. D., OF PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that the posterior columns of the spinal cord are exceedingly sensible, and that they appear to be the only sensible part of this nervous centre. I have found recently that the transmission of the impressions made on these posterior columns, instead of being only operated in a strait forward direction, *i. e.*, from the different parts of these columns towards the encephalon, takes place also in the opposite direction towards the gray matter, by which the propagation to the encephalon is performed.

Although, without figures, it will be very difficult to understand what I have to expose, I hope it will not be impossible.

I have proved, by experiments on many species of animals, that, after a complete transversal division of the posterior columns of the spinal cord, a puncture, or even a slighter mechanical excitation, made on the part of those posterior columns separated from the brain, is sufficient to give pain.

My experiments have also proved that the sensiferous fibres contained in the posterior columns enter the gray matter, and that the transmission of impressions in the spinal cord is operated by the central part of the gray matter. The new fact I have recently discovered appears to prove that there are fibres in the posterior columns, which, before entering the

gray matter, are directed backwards in these columns. I have been led to this opinion by the following experiment.

A very sharp bistoury is introduced between the posterior and the anterior parts of the spinal cord, so as to separate the two posterior columns from the gray matter and the antero-lateral columns. The fragment of the posterior columns, which is then separated from the anterior parts of the cord, in most of my experiments, was about two inches long, in rabbits and guinea-pigs, and three inches long in dogs. This fragment was in continuity by two extremities with the spinal cord, one of which, being the nearest to the head of the animal, I will call cephalic extremity; and the other being nearest to the coccyx, I will call coccygeal extremity.

Now if I divide transversely that fragment, at the point where its cephalic extremity is united with the spinal cord, the continuity between that fragment and the spinal marrow will only be established by the coccygeal extremity.

These preparations having been made, if I excite, even by a slight compression, the cephalic extremity of that fragment, the animal cries and agitates itself violently, which proves that it has felt pain. It results from this fact that there are fibres, in that fragment of the posterior columns, transmitting the impressions made on the cephalic extremity towards the other extremity, *i. e.*, backwards.

Therefore, the posterior columns are not exclusively composed of fibres transmitting impressions upwards or forwards, and they contain also many fibres in which transmission is made in the opposite direction.

I could not say what is the relative quantity of these two different sets of sensiferous fibres, *i. e.*, those which transmit forwards and those which transmit backwards, but the following experiment appears to prove that these last fibres are more numerous than the others.

If, after the separation of a fragment of the posterior columns from the anterior parts of the spinal cord, instead of dividing the cephalic extremity, I divide the coccygeal extremity, I find that the pain produced by an excitation of this coccygeal extremity appears to be less considerable than the pain produced in the other experiment where the excitation is made on the cephalic extremity.

Although many investigations have been made as regards the intimate structure of the spinal cord, and although I consider as very important the researches of Stilling, Eigenbrodt, Kölliker and Lockhart Clarke, I believe that much is to be known as to the disposition of nerve-fibres in the spinal cord. I think that it is not decided whether the fibres existing in the posterior columns are merely longitudinal commissural fibres, or if they are partly or entirely fibres coming from the posterior roots of nerves.

The experiments above related do not elucidate that question, but they appear to prove that many of the fibres existing in the posterior columns, are directed backwards.

As it is demonstrated that the gray matter of the spinal cord is a part by which impressions have to pass to be transmitted to the sensorium, it results that the fibres of the posterior columns in which transmission is made backwards, are somewhat recurrent fibres. Very likely they, at first, go backwards, then enter the gray matter, where they unite them-



selves with the cells of that gray substance, and finally they are directed forwards from one cell to another.

It appears, therefore, that there are recurrent fibres in the posterior parts of the spinal cord.

*Boston, Nov. 12, 1852.*

#### AMPUTATION AND PUNCTURE OF EXPOSED DENTAL NERVES.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Having made my first *public* communication touching the discovery and experiments by me in regard to the treatment of exposed dental nerves, through the pages of the *Boston Medical and Surgical Journal*, and having been informed, from a highly-responsible source, that the friends of Dr. Hullihen charge me with an intention to claim priority, or, as they say, practise “gross piracy upon him,” for not having mentioned his name in connection with the subject, inasmuch as I had heard that he had made a *similar* discovery, I herewith forward you documentary proof from persons of respectability and eminence in the legal, medical and dental professions, such as must satisfy any unprejudiced mind, that the discovery, and the operations growing out of it, as detailed in the *Journal* for Oct. 20th, *originated* with me.

It would not be “gross piracy” upon Dr. Hullihen, only, to surreptitiously wrest from him the honor of an important discovery, but a “gross imposition” upon this *Journal*, to palm on the public, through its pages, as my own, what rightfully belongs to another. Being aware that a dental journal is a more suitable organ in which to discuss at length a matter of this kind, although not entirely uninteresting to the medical profession in a physiological point of view, I do not propose or desire you to publish the testimony herewith offered in my favor, to the exclusion of matter of greater interest and more intimately connected with the practice of medicine, as it will be given through another channel at a proper time. Although I heard that a paper was read on the treatment of exposed dental nerves before the American Society of Dentists at their annual meeting held at Newport in August last, I had not the pleasure of hearing it, being detained by the severe illness of my wife, which prevented my arrival at Newport till after the meeting had adjourned; nor could I have made the paper, above referred to, the basis of my article, as it was not published, or did not reach me until after mine was written. And besides, it will be seen on examination of Dr. Hullihen’s paper, that my experiments vary from his, in that he gives no account of amputating the nerve, removing the pulp, nor of having employed the operation in cases where the nerves are *not* exposed, as detailed in my paper, on the 246th page of the *Journal*. With no desire to engage in an angry controversy as to *priority* of discovery, I am ready to compare well-attested dates, &c. as to the times *when* and the persons to *whom* I made known the secret, and to show *by unimpeachable* evidence that this subject was brought before the American Society of Dental Surgeons at their annual meeting in Philadelphia, in August (the 6th), 1851—one year in

*advance* of Dr. Hullihen—by Dr. Bridges, of Brooklyn, N. Y., in his remarks on the treatment of exposed dental nerves, found on the 194th page (badly reported) of the “Dental News Letter,” Vol. v., No. 1. By the accompanying letter from Dr. B., it will be seen that I am the “friend” alluded to at that time, from whom he derived his information “in the early part of the year 1851.” The subject on that occasion, being new to every member present (save Dr. B.), was treated as a visionary, impracticable mode of treatment, and excited little or no attention.

An examination of the “documents” referred to in last week’s Journal (Nov. 3d), shows that, “in the year 1848” Dr. Hullihen *intimated* to Dr. Cone “that he was engaged in making some experiments and observations in relation to this feature of dental practice”; but did not inform him, nor any one else, it would seem, what those experiments and observations *were*, until “during the winters (winter ?) of 1850–51,” previous to which time I had deposited a written description of the operation instituted by me, with my legal adviser in Boston, N. S. Dow, Esq.—had communicated the *modus operandi* to Drs. Flagg and Eastham, dentists of Boston; to Dr. S. Tracy, physician, of Worcester, now of Windsor, Vt.; and to Dr. J. W. Smith, of Northampton, now Bridges & Smith, dentists, Brooklyn, N. Y., five in all, before Dr. Hullihen had divulged his secret to *any one*. I am, therefore, relieved by Dr. Hullihen himself from the possibility of having derived any information from him on the subject, from the fact that he *suppressed* it even from his confidential friend, Dr. Cone, till “during the winters of 1850–51.” It must be apparent, then, to every unbiased reader, that what I have written and said upon the subject, has been without any knowledge that he was pursuing a similar course.

Very respectfully,

Worcester, Mass., Nov. 5, 1852.

S. P. MILLER.

Dear Sir,—Inasmuch as my article, dated Nov. 5th, is not yet published, and having seen in to-day’s Journal a note from Dr. Cone, requesting you to publish his manuscript read before the American Society of Dental Surgeons, August, 1852, in which he says that my article is calculated to convey an “incorrect impression” to your readers, “both as regards the history and character of an important operation in dental surgery,” allow me, in connection with the foregoing, to say that it is not my intention to convey an “impression” of *any kind*, but to *state facts*—to give a *true history* of the operation as original and practised by me—to convey no “impression” as to its character, but to say, from intimate acquaintance of two and a half years, that it is destined to supersede, almost entirely, all other methods of treating exposed nerves heretofore in use. I do not clearly understand what Dr. Cone means by saying that I convey an “incorrect impression” as to its character, when the method of operating and the results of Dr. Hullihen and myself so nearly agree. Will Dr. C. explain himself in some one of the dental Journals?

If I have instituted a greater variety of experiments, or have extended my researches farther than anything yet published by Dr. H. or his con-



fidant, Dr. Cone, with equally satisfactory results, showing more fully the amplitude of the operation, in what way does it militate against, or "convey an incorrect impression" as to its *real character* to the extent practised by Dr. Hullihen? We shall look to Dr. C. for a solution of the problem, in his usually clear and forcible style.

Worcester, Mass., Nov. 10, 1852.

S. P. MILLER.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 17, 1852.

*Dr. Brown-Séguard's Lectures.*—It will be seen, by reference to our advertising page, that Dr. Brown-Séguard, of Paris, proposes to deliver in this city a course of lectures upon subjects connected with experimental physiology. Dr. Séguard is well known in the scientific world, as one of the most eminent living experimental physiologists. He is a Laureate of the Academy of Sciences of Paris, and was formerly Secretary of the *Société Philomatique*, and of the *Société de Biologie* of that city. Although comparatively a young man, he has devoted ten years of unremitting labor to examinations of the functions of the different organs, especially of the spinal marrow and nervous system, the eye, heart, &c., and has largely enriched this part of science. We understand that his lectures will demonstrate points especially connected with his own discoveries, which will be illustrated by numerous experiments upon living animals, and we are led to believe that they will be of great interest to physicians by their immediate application to the phenomena of disease. The appreciation which the fame and labors of Dr. Séguard have secured to him in this city, is being manifested in the active interest which some of our well-known physicians are taking in his forth-coming lectures. A large committee has been appointed to co-operate with him in reference to this end, of whom tickets may be obtained, and we recommend to medical gentlemen, both in Boston and its vicinity, to attend, as far as their time permits, this novel and instructive course. Our attention has been directed to the following notice in the New York Tribune.

"At a meeting of the Students of the Medical Department of the University of New York, held Oct. 18, 1852, the following preamble and resolutions were unanimously adopted:

*Whereas*, The successful practice of the 'Healing Art' imperatively demands a knowledge of the functions of the various organs of the animal economy, which branch of medical knowledge has been too much neglected, but is now justly engaging the attention of, and becoming properly appreciated by the Profession; and, *Whereas*, Dr. Brown-Séguard, of Paris, in his experiments and investigations for the advancement of Physiological science, has arrived at conclusions, and rendered truths demonstrable, which have been heretofore unknown or conjectural—Therefore,

*Resolved*, That Dr. Séguard is entitled to the commendation of the Medical Profession, and merits their approbation; and further,

*Resolved*, That we hereby tender him our sincere and heartfelt thanks, as an humble testimonial of our appreciation of his instructive and interesting series of Lectures before the class.

*Resolved*, That while our thanks are eminently due to Dr. Séquard, they are no less due to the Faculty of the University for his introduction to the class, as well as for their untiring efforts in sustaining in an able and superior manner the past summer's course of Lectures.

*Resolved*, That we hereby tender them our most hearty thanks.

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*Dental Literature*.—A further examination of the treatise on Dental Medicine, referred to in the last Journal, has led to some reflections upon the amount of literary labor which has been exhibited by the practitioners of that art in the United States. While progressing in their manual operations, in the performance of which new principles have been developed and ingenious processes devised for remedying what nature refuses to repair, the American dentists have maintained several periodicals, abounding in papers of a superior order, and generally practically useful to the craft. Notwithstanding the fact that their Journals, in the form of monthlies and quarterlies, are beginning to be somewhat numerous, they still abound with original matter, and they borrow less from each other than most others in the service of any of the liberal professions. But this is not all;—books, those of a sterling value, emanating from the same class of gentlemen, are already augmenting to a surprising degree, in which physiological researches, pathological discourses, and exact anatomical investigations, are constantly accumulating. How is it in Europe? Are there Dental Journals there, and have volumes been multiplied by dentists of the old world, to the extent of what has been accomplished in America? We think not; and the country has abundant reason for being proud of these scientific dentists, who cannot be excelled in manufacturing or imitating the best specimens of nature. And with respect to the literature of their appropriate sphere, it will be a difficult matter for their transatlantic brethren to overtake them, however unwilling they may be to receive suggestions or instruction from the United States.

These observations have not been made without proper deliberation;—on the contrary, years of familiarity with the American dental serials, with their voluminous treatises, and their proverbial skill in the use of instruments, demands that this acknowledgment of what the dental profession have accomplished by their steady, united, persevering efforts, should be publicly expressed, without stint or hesitation.

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*Ophthalmic Hospital at Canton*.—Some of the readers of this Journal may recollect that T. R. Colledge, M.D., from China, visited Boston some years since, for the purpose of collecting funds for maintaining a missionary hospital at Canton, for the treatment of the blind. How much he obtained is unknown to us. The mercantile interest was consulted, and as customary with Boston merchants, who never allow charitable institutions to suffer for want of funds, when the object meets their approval, it is presumed something worth coming for was obtained by the benevolent gentleman who projected the ophthalmic hospital, of which he is president. Without any needless history of its small beginnings, or lack of means, the usual lamentation of an annual report, the present pecuniary condition is substantially as follows:—At the close of December last, there were in the treasury \$2,880 13. In 1851, \$842 were received from various sources; while the current expenses were \$1,021 22, besides \$150 expended at Ningpo by Dr. Macgowan, who treated 7856 patients in the year—one



half being ophthalmic cases. At Canton the number of patients in 1850 and '51, was 42,528. Dr. Peter Parker, the bold and successful American surgeon, is the life and soul of the Canton charity. According to the book before us, he cuts and carves the Celestials with the most perfect nonchalance, and they bear it with the quiescence of so many oysters. But he cures them of terrible maladies, and they extend his fame throughout the Chinese universe—that is, up to Peking, the centre of the earth. Lithographic plates accompany the report, with illustrations of the size and appearance of calculi extracted by him, while the long-queued people were under the benign influence of chloroform. Monstrous tumors have been excised by him—with a success not exceeded among his countrymen at home. Feb. 17th, 1850, Sic Kienhang, from the province of Kwangsi, had a glandular tumor of seven years's growth on his face, *two feet and a half in circumference*, which was taken off, and his life was saved. Next, a copper fork, three and a quarter inches long, was extracted from Mr. Chau Sin's urethra, points first! A strange place to put a fork, but it was introduced by a native doctor to overcome a stricture, and dropped in beyond his reach. There are other cases detailed, even more extraordinary, some of which we propose copying by way of showing to what singular morbid conditions the human body is incident in that anomalous empire, whose ruler is first cousin to the moon.

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*National Pharmaceutical Convention.*—On the 6th of October, a large and respectable body of gentlemen, representing different colleges of pharmacy in various States, met in Philadelphia to deliberate upon the interests of those who are engaged in the sale of drugs and chemicals. One of the first objects contemplated in the call of the convention, was in reference to “the improvement of the standard of practice throughout the country.” An education is insisted on, as the first great object, in regularly-constituted schools of pharmacy. They are right in their views. It is quite as necessary that druggists and apothecaries should be thoroughly instructed in their business, by competent teachers, as that physicians should pass through a course of study. We hardly have a right to glean the best part of the report, without going into a detailed account of each sitting, which could not very conveniently be done. Those who have the respectability of the fraternity at heart, are among the most able and excellent citizens of the several cities in which they reside, which is an indication of the success that will follow.

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*New York Dental College.*—A correspondent reminds us of the good prospects of the new institution, which is essentially due to the reputation of the faculty, who are men of industry, tact, and learned in their several departments. Dr. Wescott was formerly a professor in the Baltimore Dental College; Dr. La Force held a chair at Castleton; Dr. Parinly every body knows to be a gentleman of eminence in his profession, in the city of New York; and Dr. Shipman, a well-known surgical operator, and formerly professor of surgery in the Indiana Medical College, is equal to any position he may be prevailed upon to assume. For the purpose of directing dental students, showing also what may be expected from a college where such qualifications are concentrated, we have written what should have appeared much earlier.

*Recipe for Canker.* TO THE EDITOR.—Sir,—The following is a formula for a remedy much celebrated in the easterly part of this State, for cancrum oris, known by the name of Dr. Sanborn's canker drops. Dr. S. used them with much confidence in their curative powers during a practice of nearly sixty years. R. Molasses, 3ij.; proof spirit (St. Croix), 3ij.; oleum juniperi, 3ij.; oleum terebin. rect., 3iv.; oleum caryophylli aromat., 3j.; carb. potassæ, 3j. Mix the oils with the saleratus, then add the spirits and molasses. Dose for an adult one or two drachms—to be diluted for small children with molasses.

Newport, N. H., Nov. 1852.

*Boylston Medical Society.*—At a meeting of the Boylston Medical Society, the following officers were chosen for the ensuing year. Samuel Cabot, M.D., President; Horatio R. Storer, Vice President; Nathan P. Rice, Secretary.

*Death of Dr. Drake.*—We notice by the newspapers the death of Dr. Drake, in Cincinnati. No particulars have been received. Dr. Daniel Drake has long been one of the most distinguished of our western physicians, if not at the very head of them, and his death will leave a space which will long remain vacant.

A correspondent suggests that the Students in attendance at the Massachusetts Medical College in this city, adopt measures to join in the public obsequies of Daniel Webster, on the 31st inst. We think the suggestion a good one, and hope it will lead to some movement by the class.

*Medical Miscellany.*—Dr. Bigelow's opening lecture for the medical season in Boston, is represented to have been a very able and instructive production.—Francis Bancroft lately died at Schoharie, N. Y., aged 102. His father at 105 and his mother at 102, once rode the same horse together, two miles. The family has been distinguished for its longevity.—No. 8, vol. i., of the New Series of the Quarterly Summary of the Transactions of the College of Physicians, Philadelphia, has been distributed.—Messrs. S. S. & W. Wood, 261 Pearl street, New York, have an immense collection of valuable medical books. Their new catalogue indicates a commendable enterprise.—Mary Burr, the last full-blooded Indian of the Punkapoag tribe, died at Canton, Mass., a few days since, aged 101 years. She had a sister who lived to be 101 years and one month old, and another who died at 99.

TO CORRESPONDENTS.—Communications are on file from Drs. Ziegler, Haskell, Leigh and Parks, and H. A. H.

MARRIED.—In Waterville, Me., Nov. 8th, Dr. N. R. Boutelle, to Miss Mary Keely.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 13, 76.—Males, 41—females, 35. Accidental, 3—apoplexy, 1—bronchitis, 1—consumption, 14—convulsions, 5—croup, 1—dysentery, 3—dropsy, 1—dropsy in the head, 2—infantile diseases, 7—erysipelas, 1—fever, 2—typhus fever, 2—typhoid fever, 2—scarlet fever, 10—disease of heart, 4—disease of kidneys, 1—congestion of lungs, 1—disease of liver, 1—marasmus, 3—malformation, 1—measles, 1—old age, 3—scrofula, 1—teething, 2—thrush, 1—tumor, 1—unknown, 1.

Under 5 years, 36—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 4—over 60 years, 8. Americans, 34; foreigners and children of foreigners, 42. The above includes 8 deaths at the City Institutions.



*Method of Remedying Accidents caused by Chloroform.*—A letter from M. Ricord was published in the *Journal de Chimie* in January, 1850, in which he describes a simple method practised by him in cases of serious effects from the use of chloroform. He gives the particulars of two cases in which the method was successful. These we copy from the *London Lancet*.

"CASE 1.—The patient who furnishes the subject of my first case, was a woman of about twenty-six, from whom I was about to remove some growths of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

"The anæsthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory movements had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

"The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspirations the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evidenced by a smile. The patient was saved, and we escaped with the fright.

"CASE 2.—The second time that I experienced the dangers of chloroform was with a patient under my care in the Southern Hospital (*Hopital du Midi*). He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from: the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged in total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarming stillness. The pulse gradually sank; the heart ceased to beat; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

"All the means I have indicated in the preceding case were tried, but without avail, and it became necessary to have recourse to insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered."

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*Medical Fees in Spain.*—The fee of a Spanish physician at present is said to be twopence from a tradesman, tenpence from a man of rank, and nothing from the poor. In France the fee from a tradesman is from three to five francs; from a man of rank and wealth, much higher.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, NOVEMBER 24, 1852.

No. 17.

## M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

### ELEVENTH LETTER.

MY DEAR FRIEND,—We must now determine the source, where the specific cause, the morbid poison which produces syphilis, is to be found. This poison, we can at the present day call by its name, the *syphilitic virus*.

Well ! this virus—I must needs recall the circumstance, inasmuch as endeavors have been made to cause it to be forgotten—was formally contested and denied, when I undertook my first researches in syphilopathy. This was the time when numerous physicians did not dare to give it this name without fear of compromising themselves. It was the time when the learned Jourdan, in an access of singular anger, cried out—"call it as you will, but do not give it the name of virus."

The source of this virus, I have obtained at the point of the lancet, upon which, however, I have not had the pretension of placing all science, as my honorable colleague, M. Cazenave, wittily accuses me.

It is in studying comparatively all the accidents reputed syphilitic, that I have succeeded in demonstrating that one alone of these accidents would furnish regularly the purulent matter ; capable, in placing it under conditions which we shall determine, of producing, in virtue of a special irritation, an ulcerating inflammation identical to that which has been the source of it, and of reproducing in its turn the same special secretion, the same morbid poison, and this without limit.

The syphilitic lesion, source and origin of the secretion, placed in favorable conditions, produces fatally the phenomena which we have just indicated, and which is the primitive accident to which has been given, and which has preserved the name of *chancre*.

Every time, as I have already had occasion to remark, that we were able to see the surfaces from which we took the morbid secretion, which should serve for experimentation, it is only when there existed a chancre, that positive results could be obtained, and that we were able to reproduce the chancre.

Must I again say that my excellent colleagues, M.M. Puche and Cullerier, at Paris : M. Baumès and Diday at Lyons ; M. Renault at Toulon, Serre at Montpellier, M. Thiery at Brussels, M. Lafont Gouzy



at Toulouse, &c., have arrived, in their very numerous experiments, absolutely at the same results as myself.

Every time that the chancre could be produced with a secretion which had not been taken immediately from a primary ulcer, the secretion was furnished by surfaces which could not be inspected. The small number of cases, exceptional in appearance, in which the chancre could be reproduced with a purulent matter taken from a non-ulcerated surface, find their rational and absolute explanation in facts analogous to those of which I have recounted the history. How can it be concluded that the surfaces which cannot be inspected are not the seat of chancre, inasmuch as they furnish absolutely the same secretion as the chancre? Ah! if it was proved that the primary ulcer, fatal source of the syphilitic virus, could not be seated, excepting upon external surfaces which are always visible; that the depths of the urethra, and the cavity of the neck of the uterus, could not be the seat of these concealed ulcerations—if this was proved, all would be said; but does there exist one sole writer upon syphilis who denies the existence of the primitive ulcer upon all these regions, who does not know and who does not believe that all syphilitic ulcerations are not always visible? How, then, can we deny the possibility of the existence of deep and concealed chancre, when it in itself furnishes the most undeniable proof, that is the secretion?

It has been said that inoculation cannot serve any purpose in proving the existence of the specific cause of syphilis; that it was preferable to confine ourselves to the ordinary results of contagion to arrive at this proof; for with any pus whatever we can produce what I pretend to produce only with the pus of the chancre, while by the mysterious ways of common contagion phenomena are observed, which inoculation does not produce.

It is at least strange that these same arguments are equally employed, both by the maintainers of the syphilitic virus, and by those who deny its existence. In fact, what do these physiologists say? That with any pus whatever, that with a cause no matter what, the same result was arrived at—that is to say, the production of every variety of venereal disease. And upon what do they rely to sustain this doctrine? Upon motives which could then appear reasonable; upon all the uncertainties which ordinarily exist under the circumstances in which the venereal diseases are contracted; for the want of examination of women; upon the great number of the accidents determined by the same woman upon several men, while this same woman could leave other men entirely indemnified from evil consequences; finally, upon all the fables that we have already signalized and combated, and upon which one is truly astonished, after what the speculum has discovered, to see men of merit as incontestable as M. Cazenave wish still to ground superannuated doctrines.

But I am profoundly astonished that the partizans of the syphilitic virus, those who recognize in syphilis a specific cause, and in its virus a specificity of action, sustain, that with any pus whatever effects can be produced analogous to those of the inoculation virulent *par excellence*. Do the partizans of these doctrines think that we could produce vac-

cinia or the variola by any kind of pus? If it was given to them to experiment upon purulent matters the source and origin of which they were ignorant, what would be their criterion for determining the nature of them, if it was not the effects produced? Is it not in this way that I arrived at distinguishing the syphilitic pus?

But to this objection of *any pus whatever* as proof of the inutility of inoculation, I have another thing to answer.

I have inoculated the same patient, and that a hundred times, with the pus of chancre, of balano-posthitis, with the muco-pus of urethral blennorrhagia, with the muco-pus of blennorrhagic ophthalmia, with the pus furnished by the phlegmonous inflammations of other regions; and while that of the chancre inevitably reproduced the chancre, the other kinds of pus remained without action. What do they want more than this proof, and what can they answer to it?

Another objection, however, has been made. They have said, the inoculation does not prove anything as to the nature of the cause, from the effects that it can produce upon an individual already submitted to the infection; in other words, in inoculating the patient with the secretion that he himself furnishes, no conclusion can be arrived at, inasmuch as that if infected every wound can and ought to become syphilitic.

Herein is a strange error, the consequences of which might be very grave; a dangerous prejudice, which I am astonished to see again brought forward in our day with the sanction of observers who make pretensions to exactitude and precision. The facts which I have just recalled peremptorily destroy this objection. I well know that facts relating to leech-bites, for example, have been cited, which have taken on later the character of venereal ulcers. But be assured, my friend, these bites, like every wound in a syphilitic patient, do not become virulent ulcers, unless they are finally infected by contagion. Apply leeches where there has been no contact with inoculable pus, bleed the syphilitic patients as much as you wish, practise any other operation whatsoever, and never, unless there has been virulent contact, will a virulent transformation be possible. Among the numerous observations, which I have collected in proof of the truth of this assertion, I will recall the following fact of the Hospital du Midi.

At the period when I had women in my wards, a patient affected with a phagedenic chancre of the vulva, with abundant suppuration, was seized with a pain in the tibio-tarsal articulation. Leeches were applied upon the painful spot. Some days after, the patient complaining at the seat of the bites, it was easy to recognize that some had undergone a veritable transformation, and that they had become veritable chancres. One could believe for a moment in the influence of the general condition of the patient, and some of the students believed in it. As to myself, I had not the least doubt upon the mechanism of this transformation. In the first place, all the bites were not ulcerated—first proof. Secondly, the patient was seized with similar pains in the articulation upon the opposite side; a new application of leeches was made, but this time, in guarding the bites from every infecting contact, none of them underwent the least syphilitic transformation.



I have made an experiment more conclusive still. It has often happened that I had to experiment with the pus of a chancre upon a patient even then under the influence of a constitutional syphilis determined by a preceding contagion. Some comparative inoculations were made, and then again the matter of the chancre alone gave place to positive results. Thus, whatever may be said, it is impossible to compare a syphilitic patient to a bottle full of virus, which it would allow to escape through the smallest opening. The image is poetical, but it is not just.

But in order that these results should be inevitably obtained, reason tells us, in the first place, that the *virulent matter* ought to be taken from a chancre at a certain period—that is to say, at the period of progress, or of specific *statu quo*. It is very easy to conceive this, and I am sure of not fatiguing you in trying to make you understand that if you take the pus for inoculation from the surface of an ulcer which is in process of reparation and of cicatrization, you will have a simple and inoffensive pus, which will give you negative results, and that the same accident interrogated at two different epochs will say to you, yes and no. You will conclude, then, with all observers of good faith, that there is here no contradiction in the results of experimentation, nor uncertainty, and that it is no evasion, no subtilty of doctrine, to explain facts opposed to the principles which I sustain, and similar to those of Bru. When Bru did not succeed in inoculating the pus of chancre, one of two things happened; either he made a false diagnosis and directed his attention to other ulcerations, or he took the pus from chancres *at the period of reparation*. There is no way of escaping from this dilemma; for I repeat it, and I am ready to prove it to the incredulous, if there are any still, *the pus of the chancre is inevitably inoculable*.

You will perhaps find, my friend, that I suffer myself to go too far in the pleasure of writing to you: but it is your fault, you never stop me. Profiting, then, by your good will, I will say that if the *virulent matter* composed of a special morbid poison and of a vehicle, is ordinarily formed of a thin, ichorous, sero-sanious pus charged with organic detritus, it does not always present itself with the same characters; it can offer all the known varieties of pus or of muco-pus. It can be acid or alkaline, contain animalcules or not. These different conditions which appear contradictory, and have also served as an argument to those who deny the existence of a virus, belong only to its vehicle, and change nothing of its nature, which remains always the same. There is but one circumstance important to signalize, and which experiments upon inoculation have verified—viz., that the putrid pus is not virulent, that gangrene destroys the virus—*it kills it*.

In order to act, whatever may be the seat of the chancre from which it has been taken, the virulent matter has no need of being recently secreted and warm. Preserved as vaccine is, it acts equally well. Artificial inoculation proved this, contrary to the opinion of Cullerier, which hitherto was in vogue in science.

Inoculation has proved the truth of the different modes of contagion, more or less contested, so far as necessity of the physiological action and

of the orgasm of the part which furnished the contagion was believed in, and as it was thought that this ought to be yet warm at the time of infecting. The observations of Fallopius and Hunter of chancres contracted in touching the seats of public privies; those of Fabricius of Hilden of accidents taken in sleeping in sheets in which infected persons had already slept, and of so many others, in fine, have thus become incontestable.

You will still permit me to say a word upon the conditions in which the part which one inoculates ought to be. Whatever it may be, skin or mucous surface, no matter what region, it suffices to have *a simple solution of continuity*, without the aid of any physiological act, in order that the effect should be inevitably produced: there is nothing here, as in the case of the variola and vaccine, which resists the primitive accident; there is no privilege of idiosyncrasy; the most perfect equality exists in the presence of a point of a lancet charged with virulent matter.

Thus, then, dear friend, the inoculation made with the pus coming from a primary accident, with the pus of a chancre, in the condition which I have just recalled, has always produced identical results, whether experimentation has had for subject the patient who furnished the pus, or whether the pus has been inoculated from an infected to a healthy individual, as some experimenters have done.

It has, however, again been said—it is imprudent, rash and impossible to conclude anything from artificial inoculation; you impose upon nature conditions other than those in which she is placed during the contagion which we can call natural by contradistinction. And condemning this artificial inoculation, they thought they could say of it what is said of physiological experimentation—"Torture demands and pain responds."

Our celebrated physiologist M. Magendie, to whom you addressed your first, and so remarkable *medical letter*, will tell you what he thinks of this indignation of the poets. As for myself, who do not wish to speak with the same authority, I shall say that I do not contest the mysteries of nature, that I know she does many things by processes which she conceals from us. But I maintain, also, that it would be an unworthy weakness to seek to render her still more mysterious, and to thicken the veils which cover her; that it would be shameful to shut our eyes when she wishes to unveil herself.

Let us see, then, if there exists any real difference between the natural and the artificial contagion. I shall tell you what I think of this in my next letter.

Yours, &c.

RICORD.

#### INTERESTING STATEMENT OF FACTS RELATIVE TO THE ETHER DISCOVERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A short time since, there appeared a "Supplement of the Boston Daily Evening Transcript," containing the debate in the United States Senate upon the ether question; re-published from the Washington Daily Globe as an advertisement. I regret that your valuable Journal



was made use of to give further currency to this debate. Under ordinary circumstances no objection could be made to a fair discussion of this controversy upon its merits; but the extraordinary circumstances of this debate, and the pernicious nature of a series of false statements that were thus given to the world through the mouths of some members of the Senate, render their re-publication a libellous wrong upon Dr. Jackson, only equalled by the nature of the circumstances under which the debate arose. The imposture was voted down by the tremendous vote of 28 to 17, notwithstanding the one-sided and *ex-parte* representations that were made at a time when no opportunity was given to answer them.

It will be remembered that the ether discovery was in the hands of a select committee of the House of Representatives, who had not yet reported, when the subject was called up in the Senate, just before the adjournment, and while one of the appropriation bills was being hurried through, to which an amendment was proposed to award \$100,000 for this discovery. An *ex-parte* statement of facts, purporting to be a report of the majority of the select committee of the House of Representatives, was placed upon each Senator's table just at the lighting of the candles on the memorable evening of the 28th of August last. It is sufficient to say of this monstrous report, that it was surreptitiously published and paid but little respect to the evidence in relation to this discovery, which was very full and complete, before the committee of the House. It was characterized mainly for its perverse special pleading in favor of W. T. G. Morton as a claimant for this discovery. Yet, notwithstanding this plea, the report *admits* that the discovery is truly that of Dr. Charles T. Jackson, of this city, in the following words, viz.:

"In closing his statement of the last and final experiment in 1841-2, in the part of the letter of December 18, 1851, to Baron Von Humboldt, last above set forth, Dr. Jackson says—'Reflecting upon these phenomena, the idea flashed into my mind that *I had made the discovery I had for so long a time been in quest of*, a means, &c.' And he goes on to give formally and in detail the scientific deductions which he says were made at the time, and which then led him to the conclusion. If that statement be *true*, the *discovery* at that time, so far as private experiment and philosophical deduction could go, was as *full and complete* as it was on the morning of October 1, 1846, *after* Dr. Morton's successful operation on Eben Frost."

This report does not attempt to impeach, at all, the eight witnesses who *establish the fact*. They are Geo. Darracott, Esq., John H. Blake, Esq., Dr. Wm. F. Channing, Dr. S. A. Bemis, Dr. Geo. T. Dexter (of New York), Henry D. Fowle, Esq. (apothecary), D. J. Brown, Esq. (of the Census Bureau), Joseph Peabody, Esq. (of Salem, chemical student). To all of these gentlemen Dr. Jackson communicated this discovery as an ascertained fact, by experiments on his own body—as described by him in a communication to Baron Von Humboldt years before he communicated it to Morton. They are known to be all men of high standing and character.

This evidence was not before the Senate, being in the minority report of Hon. Edward Stanly, of North Carolina, and Hon. Alexander

Evans, of Maryland, the latter the most scientific member of the House ; and the fact being well known that in all *special* committees the truth generally rests with the minority. The only thing before the Senate to controvert the monstrous report against Dr. Jackson, was a remonstrance signed by one hundred and forty-five physicians and surgeons of Boston and its vicinity, only three of them being out of its immediate vicinage. Two hundred were applied to, being such only as were members of the Massachusetts Medical Society. One hundred and forty-five of them, including many of the physicians and surgeons of the Massachusetts General Hospital, signed, and only three of those applied to expressed an opinion in favor of Morton's claims. They say in the remonstrance that—"the undersigned, residents of Boston and its vicinity, respectfully represent, that they have been familiar with the great discovery of the anæsthetic use of ether from its origin, and with the controversy following it. They now believe, and ever have believed, that Dr. C. T. Jackson is its sole and veritable discoverer, and that any merit on the part of W. T. G. Morton, the surgeons of the Massachusetts General Hospital, or of others, consists in taking his discovery after he had communicated it to many persons, in many places, known to some of us to be of unimpeached and unimpeachable character, and subjecting it to additional employment." (Signed by Dr. Luther V. Bell, of the Mc Lean Asylum, with 144 others.)

Mr. Walker asks, contemptuously, why Dr. Jackson did not go to Dr. Warren for his signature to the remonstrance. Dr. Warren has addressed a letter to Hon. Edward Stanly, under date of March 30, 1852, which gives an expression of his opinion ; from which I quote the following remarks. "I have never learned any fact which has led me to doubt that Dr. C. T. Jackson suggested to Dr. Morton the employment of ether as an anæsthetic agent previous to any dental operation performed by him under its influence."

Such being the circumstance of this discussion, Mr. Editor, the impropriety of re-publishing the debate will be at once seen from the gross misstatements of facts bearing upon the question made by Senator Walker and others. Nearly every fact in the controversy is perverted and misstated, *while the case of Dr. Jackson was not presented in the Senate at all*. I will only allude to the principal and most pernicious of the misrepresentations of fact that were made during this attempt to get a "snap judgment" in the Senate.

First, Senator Walker, in behalf of Morton, says that—"a letter of Dr. Jackson procured upon the excitement of the moment a decision of the Academy of Arts and Sciences of France, awarding Dr. Jackson 2500 francs."

The fact is established by evidence that the decision was made *three years after* the letter was received, and after a thorough and full examination, not only of the claims of Jackson, Morton and Wells, but of one other American and ten Europeans, two of whom had better claims than either Morton or Wells.

Again, Mr. Walker says that—"still, so anxious was the Academy of Arts and Sciences to place in his [Morton's] hands an exalted recogni-



tion of his right, that they directed a certain portion of the fund to be paid in the shape of their largest gold medal." The inference which Mr. Walker evidently intended should be drawn from this, was that the Academy had had a *re-examination and revision* of their former decision which awarded this discovery to Dr. Jackson, with 2500 francs in money, and were instrumental in procuring for him the cross of the Legion of Honor, and at the same time awarded to a mechanical agent of his (Morton) "*un autre prix*" of the like sum for his services in bringing this discovery into practice, under the responsibility and direction of Dr. Jackson, deliberately assumed in the presence of Messrs. Barnes and McIntyre, two of Dr. Jackson's students; and that at a subsequent period they gave Morton their largest gold medal, which he (Walker) held in his hand. What are the facts? Why, members of the Academy are dissatisfied that they ever gave Morton anything. One of their most distinguished members writes with dissatisfaction and mortification of the Academy's having taken any notice of the claims of Morton for his comparatively insignificant services; while another correspondent accounts for it on the ground that certain interested parties had overstated his services in bringing the ether into practice. This inference assumed by Mr. Walker is contradicted by a letter under date of 21st of May, 1852, sent to Dr. Jackson by order of the Academy of Sciences, in reply to a letter addressed to that body by Dr. Jackson on the 30th of March, 1852, asking of the Academy, "if in according to Mr. Morton at the public session of March, 1850, one of the prizes concerning etherization, they have considered him as the inventor, or simply as *propagator* of the discovery"? M. Flourens, Perpetual Secretary of the Academy, replies as follows, "that he has *reason* to think that the terms in which the article that relates to you (M. Jackson) in the report of the commission on prizes is expressed, will leave you no doubt as to the true sense of the judgment of the Academy." The Secretary then recites the *procès verbal* of the Academy, making the original award of 1850, as expressing the unaltered opinion of the Academy, to wit: the maximum prize of 2500 francs from the Monthyon fund, for the greatest *discovery* in medicine and surgery, "for his (M. Jackson's) *observations and his experiments* on the anæsthetic effects produced by the inhalation of ether," and "*un autre prix*" (*another!* prize) "of 2500 francs to M. Morton for having *introduced* this method in surgical practice after the *directions* of M. Jackson."

It is obvious that the medal was obtained and artfully enlarged for the purpose of imposing upon Congress and the public. M. Elie De Beaumont writes, that in accordance with established usage, prizes can be taken out of the Academy either in money, or in a medal the value of which is \$60. The medal in question was obtained of the Treasurer of the Academy, not by any action of that body, but by making use of a well-known custom in sending a portion of his 2500 francs to pay for a \$60 medal; but the misrepresentation, not to say fraud, consists in representing this as a *second award* of the Academy. The medal, as Mr. Walker says, "was surrounded by a handsome gold rim," known to be an exact copy of the Clay medal; making the whole of the value of about \$500,

and to look like one entire gold medal of an enormous size. Why was all this expense incurred by a man who gets up a subscription to pay his debts ?

Mr. Walker further says, that the remonstrants referred to, "are Dr. Morton's rivals, men who had first given him notes, and then refused to pay them"; that "there are 300 medical men in Boston," and that "the remonstrants are scattered all over the State of Massachusetts."

There are but 200 physicians of the regular faculty in Boston, and of these 145 of the most eminent have signed, as before stated. These gentlemen will not feel much complimented by being charged with being the personal rivals of Morton and of "*owing him notes.*" This is all too ridiculous and contemptible for refutation.

I quote the words of M. De Beaumont, one of the most prominent members of the Academy of Sciences and Inspector-General of the Mines of France, and now member of the French Senate, relative to the award. In a letter to Dr. Jackson, dated "Paris, 17th of May, 1852," he says—"In *point of fact* the Academy of Sciences decreed to you one of the Monthyon prizes for the *discovery* of etherization." "And it has decreed a prize of 2500 francs to Mr. Morton for the application of this discovery to surgical operations."

"Now, all persons who receive a prize of the Academy of Sciences, can draw simply the sum which has been voted them, or they can draw a medal either of bronze, silver or gold. This medal bears a head of Minerva, and the superscription of the *Institute of France*. The cost of the medal is deducted from the sum paid. You have drawn simply the sum of 2500 francs, as is usual; but according to the information I have obtained from the Secretary, which was done to-day, Mr. Morton asked for a gold medal, the value of which is 300 francs [\$60], and he has received in money about 2200 francs. In that Mr. Morton has but made use of a right which could not be contested, but the medal which he has obtained is the ordinary one of the Institute. It was not struck expressly for him. You have the right to ask for one exactly like it; only in that case you should receive but 2200 francs instead of 2500."

The correct state of opinion in France respecting this matter may be comprehended from the following extract from *Figuier Decouvertes Modernes*, Paris, 1851, tome i., page 219. "It is perfectly established for us, in spite of his assertions to the contrary, that Morton did not know anything about anæsthesia when, on the 30th of Sept. 1846, Dr. Jackson communicated to him, in a conversation, all that he knew about it."

Further, Dr. Joseph Weiger, Imperial Surgeon to the prisons and courts of justice, in a book published recently at Vienna, says—"In Vienna the operation of etherization is called '*Jacksonizing.*' That is a new expression. People say *Galvanizing*, after the discovery of the physician Galvani; so should this discovery be called *Jacksonizing*, after the gigantic discovery of Jackson." In Sweden no one else but Dr. Jackson is considered as the discoverer, and the King has awarded Dr. J. his gold medal of merit.

The question of discovery is not *open*; the most eminent and impartial men of science have already settled it in favor of Dr. Jackson.



Why, then, was this foolish exhibition of a medal by Senator Walker, the larger proportion of which was a *fac simile* of the Clay medal, in the ratio of \$500 to \$60, and that medal might have answered Mr. Walker's purpose quite as well, if it had not unfortunately been stolen somewhere between Washington and New York. M. Velpeau, the surgeon, who is represented in the debate as "sneering" at Dr. Jackson, has repeatedly and fully ascribed in his public lectures to the Academy the discovery of etherization to Dr. Jackson (see the Comtes Rendus of the Academy).

Mr. Walker further says, "*We have the award of a casket and \$1000 by the Trustees of the Massachusetts Hospital*"; "*We have two reports of the Hospital of Massachusetts, &c.*"

Every one of the Trustees of the Hospital, in letters addressed to Mr. Stanly, except N. I. Bowditch, deny that the Trustees of the Hospital ever had any judicial investigation of the subject; that Dr. Jackson never appeared before them either in person or by counsel; that Mr. N. I. Bowditch is alone responsible for the reports, and that the Board never did act as umpires between Drs. Jackson and Morton, and never intended to do so. The signers of the subscription for the "casket," Hon. Josiah Quincy, Jr., Hon. Abbott Lawrence, Hon. Wm. Appleton, Hon. Wm. H. Prescott, and others, all deny that they gave their \$10 for any such purpose as giving a testimonial in honor of the ether discovery. Hon. Josiah Quincy, Jr. says—"Understanding that Dr. Morton was in very straitened circumstances, I headed a subscription in his behalf, in order to pay off his debts, and relieve him from an execution, with which I understood he was threatened." Mr. Lawrence says the same thing, and adds—"I gave most cheerfully, because *Mr. Bowditch* desired me to do so." He has further said, that all the gentlemen who signed gave under the same idea.

Mr. Walker inquires how Dr. Jackson obtained any interest, and answers by saying—"It was through the mistake of the lawyer employed in obtaining a patent." This *lawyer* (patent solicitor), as shown by a transfer at the patent office, was interested in the patent to the extent of one fourth before he acted as the pseudo-legal adviser of Dr. Jackson. Is it likely that he would make a mistake? He knew too well that the patent was of no use without the name of Dr. Jackson to it, and that when Dr. Jackson denounced it as fraud, into which he was inveigled by a misrepresentation of his rights, "that he could not otherwise conserve his discovery," the patent became invalid, and of no use to the man who is now attempting by such very *queer* means to sell it to Congress. In the first place, the discovery is not patentable; and in the second place, the discoverer of this new fact, could not by any manner of legal instrument deed it away; as in the nature of things a man cannot transfer a *discovery*, though he may convey to another the right to use it. Mr. Morton early in October, 1846, offered Dr. Jackson \$500 for the right to use this discovery in his dental practice, before he found it desirable to get a patent-solicitor to get Dr. Jackson's name to a patent. This is admitted by all Morton's advocates, and all the statements on Morton's behalf; and is admitted page 53 of the majority report, page 33 Hospital

report, page 10 Letheon, and page 59 Morton's memoir to the French Academy, though not one cent has yet been paid for it, *nor has Dr. Jackson ever received anything* from him, nor would he demand it or accept it. He, however, has lived in the hope that the spontaneous gratitude of his countrymen would reward him and refund the losses of time and money he has sustained by the cupidity of others.

*Boston, November, 1852.*

H. A. HILDRETH.

#### CHLOROFORM AND CHLORIC ETHER.

*Remarks of Dr. J. C. Warren to the Medical Class and other Gentlemen on a Death by Chloroform, accidentally administered in the Massachusetts General Hospital Nov. 6th, 1852.*

THE occurrence in this Hospital a few days since of two unfortunate cases, one of which proved fatal, renders it desirable that an explanation should be made of their course and cause. I shall attempt this explanation the more readily, as it will afford a great practical lesson, which you may never again have an opportunity of witnessing.

This hospital was founded about thirty years since. The most distinguished men of our community, the Lowells, Bowditches, Quincys, Sullivans, Perkinses, Lawrences, Appletons, and others, were among those who devoted their time, talents and property to the erection of the Institution, and who have continued to support it by their paternal care. These names are a pledge to the community that it has been conducted with all the wisdom human ingenuity could furnish.

Among the regulations which they have thought judicious, is one for an annual election of the medical officers. This regulation does not involve the necessity of removal of all these officers; they are changed only when it is thought necessary, or expedient; and this necessity does exist frequently in regard to the house-surgeons or pupils, and the apothecary. When it takes place in the latter office, a considerable time is required for the new incumbent to acquaint himself with the customs and practices of the Institution; and it is obvious that such a change, involving an immense number of details, cannot occur without some oversights and mistakes. No mistakes, however, of any importance have come to our knowledge previous to those connected with the late accidents.

A number of operations were to be performed, and the patients to be etherized. For this etherization, Chloric or Sulphuric Ether is usually employed. Chloroform, the popular favorite, is never used in this institution, except as an external application; but on this occasion it was introduced from the fact, that it had been poured into a bottle labelled with the title "Concentrated Chloric Ether." This bottle, then, marked as concentrated chloric ether, was placed on the table, and employed for these operations without suspicion on our part, that it was not the article designated by the label on its surface. The error escaped the observation of those who administered it, from the fact that there is a resemblance in the sensible qualities of the two articles. So that three persons were etherized with chloroform instead of chloric ether.

Many of you will immediately inquire, why we object to the use of



a substance employed by men of science, and men without science, all over the world, as the article best adapted to produce anæsthesia, or insensibility to pain. The ground of our objection to the use of chloroform is its tendency to produce dangerous consequences in a certain number of cases. The published fatal cases of chloroform now known cannot be less than thirty; and it is well understood, that many have never met the public eye. The appearance of fatal cases in 1848 led me to publish my remarks on the "Effects of Chloroform and Strong Chloric Ether as Narcotic Agents." Besides the Boston edition of these remarks, editions were published in the Medical Journals of Philadelphia and of London, and by these various publications the dangers of chloroform were made sufficiently known. Most, if not all my colleague surgeons in the Hospital, influenced by the same considerations which had guided me, concurred in disapproving its use. In the mean time, sulphuric ether in the enthusiasm for chloroform had been almost forgotten, and the question arose, whether we should return to it. The objections to its use were its pungent odor, its stimulating power, its extensive diffusibility, the subsequent dead smell, and finally its great disposition to produce nausea and headache in those exposed to its influence.

At that period many physicians were engaged in searching out new anæsthetics, and some of us thought it might be useful to unite in this investigation. An article used in medicine for a number of years back, and also as a favorite drink, the chloric ether of commerce, attracted our attention. We made trial of it, and found it possessed no anæsthetic properties. Having witnessed in the distillation of chloride of lime and alcohol the production of a liquid of different degrees of strength, part of it being much more powerful than the rest, we consulted an able chemist, and found, that by a re-distillation of part of it with the addition of two parts of alcohol, there was formed a beautiful chloric ether, which we hoped might be safe, effectual and agreeable. We therefore made a cautious trial of its effects on a patient in the Hospital, whose irritability was such as to prevent an investigation of his disease; the ether having been administered, the examination was immediately effected with perfect ease and success. Proceeding with great care, we gradually extended its use to all cases where chloroform had been employed, and found it "agreeable, safe, and effectual." Soon after, the subject having been introduced at the meeting of the American Medical Association in Baltimore, I was called on to say what I knew of its effects; and the remarks I then made being favorably received, I published an account of it in connection with the work already alluded to, recommending it as a substitute for chloroform.

Objections were taken to this substance on account of its alliance to chloroform, and articles were written to show, that it could not be used with safety; but I did not think myself justified in abandoning its use. Perhaps it will be thought I ought to have replied to these objections; but having already employed much time and labor in the investigations relating to this ether, and having fairly placed it in the hands of the public, I could not consider it a duty to go into a controversy for its support. Since then, I have given it in a great number of cases, and no fatal occurrence has ever followed the administrations.

In the course of the last summer I had some communications on this subject with Dr. Bache, the distinguished editor of the U. S. Dispensatory, and also with Dr. Hayes, of this city; in consequence of which, the following letters were written at that time, viz., in the month of June, 1852. The statements of Dr. Hayes appeared to me very important, but I was still unwilling, for reasons already alluded to, to bring them before the public. Although there is no other connection of these two articles in the cases we are about to speak of than that arising from the similarity of their physical qualities, there seems to be a propriety in making the letters public at this time:

## LETTER FROM DR. WARREN TO DR. BACHE.

*Boston, June 8, 1852.*

MY DEAR SIR,—About a year since, viz., in May, 1851, I had the pleasure of conferring with you on the properties of strong chloric ether as an anæsthetic agent, with a view to a description of the same in a new edition of your valuable Dispensatory. I promised that I would, on my return home, write to you on the subject, and did accordingly write, giving an account of the actual state of the ether practice in our Hospital. One fact, however, of importance had not then come to my knowledge.

The distilled chloric ether originally employed by my advice, had been, from some reason, changed for a mixture of alcohol and chloroform, or a tincture of chloroform. As soon as I discovered this fact, I applied to a chemist, who promised to prepare the distilled article. Circumstances prevented his doing so, and thereon I conferred with my friend, Dr. Hayes, a distinguished philosophical chemist, who readily agreed to give the necessary instructions to Mr. Atwood, a practical chemist connected with the firm of Philbrick, Carpenter & Co., Washington street, Boston, for the right preparation of strong chloric ether, or, as Dr. Hayes prefers to call it, 'Compound Chloric Ether.'

This preparation I began to use in the last autumn, and have, with Dr. J. M. Warren and other gentlemen, continued to employ it. Dr. Hayes's views on this subject you will be able to learn by the note following, which he has had the goodness to address to me.

In regard to the case of death to which you allude, supposed to be from tincture of chloroform, there seems to be some reason for doubt. But as this was not the preparation which I am in the habit of using, I should not advise it, and I have reason to believe it would not have been employed in this case, had its difference from distilled chloric ether been appreciated.

In my remarks on chloroform, published in 1849, after describing the properties and effects of strong chloric ether, I have said—'Should any one, preferring chloroform to the ethers, feel disposed to employ this article in a diluted state, he might very properly add a certain portion of alcohol.' This preparation I have never used to any extent, and am now satisfied that it has different properties from those I supposed it to possess.

## NOTE FROM DR. HAYES TO DR. WARREN.

## ETHER, CHLOROFORM, AND TINCTURE OF CHLOROFORM.

*Chloric Ether.*—This substance is the product arising from the action of hypochlorites of the alkalis, alkaline earths, on a large excess of alcohol, much diluted with water. It is obtained by distillation, and when carefully prepared contains chloroform, chlorinated ether, and alcohol. In its formation, a large quantity of acetic acid is produced, and unites with chlorine and the base of the hypochlorite used in producing it.

It is a permanent compound, possessing the grateful odor and sweet taste of chloroform; when evaporated from the hand, or clean linen, it leaves no odor adhering to the surface. In this state it is efficient and convenient for use, as an anæsthetic agent. It is indefinite in composition, but when decomposed by mixture with two bulks of water, it should deposit about one third of its original bulk of heavy oily fluid.



The extended use of this substance by some of the surgeons of the Massachusetts General Hospital, has led to the attempt to substitute for it, the tincture of chloroform. It will be seen that these are not like bodies, and as it is more difficult to prepare chloric ether than chloroform, the manufacture of the former will doubtless remain in the hands of the skilful pharmacutists.

*Chloroform.*—This substance, as a secondary product, is found after many reactions, in which chlorine and hydrocarbons are present. When obtained from hypochlorites and alcohol, the proportion of the latter substance is very small, relatively to that of the hypochlorite used. After careful purification it is a definite compound of well-known physical characters. There is, however, an important chemical character recently observed, which should form a part of its history—it is *decomposed by solar light*. In the early stages of its changes, the odor remains fragrant for some time, but is succeeded by a suffocating and corrosive vapor, arising from the action of hydrochloric (muriatic) acid on hydrocarbons present. If the remaining chloroform is carefully washed and purified, and again exposed, the same changes succeed; conclusively proving that the property is inherent.

The risk attending the use of compounds having the same odor, but really foreign in composition arising from the use of alcohol, which contains fusel oil in the manufacture of chloroform, has been already pointed out in the Medical Journals.\* There is, however, a preparation sold under the name of Tincture of Chloroform, which is objectionable, and as it has been substituted for chloric ether, has been examined.

When chloroform is added to alcohol of 85 per cent., it dissolves until about double the volume of the alcohol has been mixed. After subsidence, a singular change has taken place; the water, fusel oil and some alcohol unite to form a layer on the surface of the dense alcoholic solution of chloroform. This may be removed, but the solution remains too strong for use. Any alcohol of the shops added, introduces water, hastening the change which chloroform undergoes. When anhydrous alcohol is used, unless distillation has been a resort, the tincture is subject to the same change from neutral to acid state, as chloroform exhibits. After such change hydrochloric acid may be found in it uncombined, unfitting it for any use.

Theoretically and from observation, the compound chloric ether seems to be the most permanent and convenient form in which the power of chloroform can be exhibited, and as such, should take the place of chloroform, in medical and surgical practice.

During the past summer, two or three deaths are said to have occurred from the use of the tincture of chloroform, under the name of chloric ether, an article different from the true chloric ether, as pointed out in the preceding papers. It consists of a mixture of alcohol and chloroform, in the proportion of two to one, without distillation. This mixture was adopted no doubt as more economical than the distilled compound chloric ether—a fact which accounts for its introduction and substitution for the other, but I have never used it, intentionally, except for the purpose of experiment, and by the aid of Dr. Hayes I have obtained a pure distilled compound chloric ether, as mentioned above. From this article, so far as I know, no fatal cases have ever occurred.†

\* Vide Boston Medical and Surgical Journal, Jan. 21st, 1852.

† The following correct method of preparing this chloric ether has been kindly furnished me by Mr. Atwood.

“In my process for the production of chloric ether, the alcohol is perfectly freed from fusel oil. A larger proportion of alcohol and water are also employed than in the manufacture of chloroform. The following are the proportions I use, viz.:—Chloride (hypochlorite) of lime, 10 lbs.; Water, 3 gallons; Pure alcohol, 1 gallon; Carbonate of soda (crystallized), half pound. Break down the chloride of lime in the water until the excess of hydrate of lime is in a uniform pulpy mass, and the chloride is perfectly dissolved. Place the mass in a still capable of containing twice the quantity, and introduce the alcohol. Mix perfectly and apply a moderate fire under the still until distillation commences. Continue the distillation as long as a portion of the distillate will

This ether is used in this city, in Salem, in New York, the South and West, and is considered a beautiful and valuable article. Families who have employed it here, have sent from Europe to obtain it. Chloroform, as already stated, notwithstanding the mortality which has followed its use, is more extensively employed all over the world than any other article, and this happens because it is more speedy in its effects than any thing else. Sulphuric ether, although there have been scarcely any, or very few authentic accounts of its fatal effects,\* is not known to be employed to any great extent in other places than Boston.

I shall now proceed to give an account of three cases, in which chloroform was accidentally administered in this Hospital on last Saturday. In my account, I shall endeavor to avoid the use of names, as more delicate and proper; but I would say that all who aided me on this occasion, performed their duties with activity and with credit.

Three cases presented themselves for operation. The first was on a contracted hand. The patient was etherized with the supposed chloric ether. In two or three minutes, anæsthesia being produced, the operation was performed under the continued administration of the same article during from five to ten minutes. The patient escaped without any other inconvenience than a slight soreness of the throat—an effect of the inhalation of chloroform which I have myself experienced.

The second case was of a tumor on the right side of the face in the region of the parotid gland, supposed to lie in the substance of this gland. The attendants being arranged so as to give every assistance to the patient and the operator, the anæsthetical liquid was applied as usual with a sponge, and with the freedom employed in the use of ether, but not proper where chloroform is known to be used. As soon as the application was made, the patient began to struggle and throw his limbs about in so violent a manner that we were compelled for the moment to resign him into the hands of the assistants. But being soon exhausted by the excessive motion, he necessarily inhaled more freely, thus filling his lungs with the vapor of chloroform, and in three or four minutes rendering him insensible. The operation was begun, the parotid gland laid bare, the tumor found to lie behind it, the parotid gland itself incised, and a round regular tumor enclosed in a fibrous sac was brought into view. At this moment those appointed to watch the patient gave a signal that the pulse was failing and respiration scarcely perceptible. Immediately cold water was dashed on his face, and this not reviving him, motions of the chest (in imitation of respiration) by moving the ribs up and down, blowing of air into his face, and afterwards into one nostril, stopping the other (pressing back the larynx so as to prevent the air

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deposit chloroform on being mixed with its bulk of water, then change the receiver and collect one gallon of alcoholic liquid.

Add water to the first portion of the distillate as long as chloroform is precipitated. Separate the light liquid from the chloroform, and wash the latter in twice its bulk of water containing the carbonate of soda. Separate the chloroform from the carbonate of soda and weigh it.

Mix the chloroform, washings, and alcoholic liquid in a still placed in a water-bath. After twenty-four hours' repose, distil three times the weight of the chloroform, and mix perfectly. Preserve in well-stopped bottles.

The 'chloric ether' must not redden litmus paper, or give rise to a precipitate when mixed with a solution of nitrate of silver."

\* Vide British and Foreign Medico-Chirurgical Review, Jan. 1852.



from going into the stomach), frictions of the limbs, clearing the mouth of saliva and froth, and removing the mucus from the throat by the finger, were resorted to. At this period I called for ammonia. During the past year I have been in the habit, when a patient was to be etherized, to direct a bottle of ammoniated alcohol to be placed on the table. This substance is a powerful stimulant, and has been employed from an ancient period to revive persons affected with many of the forms of suffocation, or asphyxia, and also for fainting. Its object is not to oxygenate the blood, which it cannot do, but to give a spur to the nervous system, and put in motion the dormant vital energy, for which purpose it is superior to any other stimulant. This is not the strongest preparation, but there was brought by mistake, and without my being aware of the fact, a bottle of aqua ammonia, which is three times stronger than that above named. It has the same color, and also the same odor, though the latter in a greater degree, with the ammoniated alcohol. The difference, however, would not be detected in a case of urgency, where a few seconds lost might be fatal to the patient. This article then was applied on a sponge to the nostrils, and not producing any effect, a small portion was insinuated into the mouth. At this moment some faint appearance of respiration was exhibited, and by the continued efforts of artificial respiration and friction, the pulse returned, the patient began to breathe freely, and in from five to ten minutes more he seemed quite out of danger. The operation was then concluded, and the patient carried to his bed.

After lying a few hours he recovered his usual state, at least so far as to speak and drink without difficulty; he was, however, much troubled with a secretion of mucus from the lungs, and a cough necessary to extricate it. He had also soreness of the throat in swallowing. The latter symptom has at this time disappeared, but the cough and expectoration continue. The patient wishes to leave the Hospital this afternoon, but I shall previously take occasion to call him into your presence.

The third case is the most important. It was that of a young man, about twenty years old, a native of Ireland, who had had his arm entangled in the machinery of a bark-mill about five days before. The muscles and other organs were torn from the fore-part of the arm, and some loss of blood took place. On his entrance to the Hospital the hand was found cold and without sensation, showing that the nerves had been destroyed, and that his arm could not be restored. Amputation was proposed to him, but he rejected it, and notwithstanding the danger of mortification and lockjaw, and the ultimate uselessness of the limb, were pointed out to him, he insisted he would die with his arm on.

On Saturday, partial mortification having taken place in the mean time, rendering the arm excessively painful and fœtid, and being convinced that he could never recover the use of it, even if he lived, he agreed to have it amputated. The surgeons and assistants took their places around him, as in the last case, while I myself watched his pulse. Etherization was carefully made; immediately on the application of the anæsthetic fluid he became perfectly quiet; the operation proceeded, and was accomplished in about two minutes. Just as it was finished, I perceived his pulse was rapidly failing. Word was given to suspend the dressing, and dash water on his face, which was immediately done. Notwithstanding this the

respiration and pulse went on diminishing, and soon ceased. He was to all appearance entirely dead. Artificial respiration was directly produced by moving the ribs; the limbs were rubbed, ammonia was momentarily applied to the nostrils and mouth, and when these things failed, ammonia was introduced into the mouth, as in the other case. Soon after this, to our great joy a slight inspiration followed, and the efforts being continued, his respiration improved, though he breathed with difficulty, owing to the quantity of mucus in the lungs. By great efforts on the part of the gentlemen standing around, in lifting and turning him on his side, so as to drain out the mucus from his lungs, and by frequently sponging the back part of his mouth, he was from time to time relieved. At last, passing an empty spoon into his mouth, and pouring some brandy and water from another into it, he was made to swallow fully. A stimulating injection into the bowels was also administered.

After aiding in clearing his lungs for some length of time, it was thought he might be removed to his bed; there a little brandy and water was given occasionally, which he swallowed readily. He also spoke and answered all questions proposed to him until the last moment, showing that the organ of voice was not injured. When asked if he suffered, he said "yes," and placed his hand on the region of the heart. Mucus continued to fill his throat. There was no obstruction in the opening of the larynx, for mucus issued from it in a copious stream, showing that his whole lungs were affected. Having remained with him until the pulse had become pretty good, and the respiration apparently better, we adjourned, to meet again in an hour and a half; placing at the same time the house surgeon at his side, with instructions to keep his throat clear of mucus, and support him by stimulants, with the strongest injunctions not to leave him till our return.

Shortly before the time fixed for the return of the surgeons, which was half past three o'clock, the house surgeon perceiving his pulse to suddenly fail, and that his breathing was more hurried, uncovered the stump to see if it was bleeding, and found some effusion of venous blood, probably produced by the liquefaction of blood from the chloroform poison. He then cleared the mouth of mucus, which he had hardly completed when the patient breathed his last without any effort or convulsion. Soon after, an opening was made in the trachea and air blown into the lungs for the purpose of inflation, but without effect. A proposal had been made to do this during life, but it was objected to, because air had already been thrown into the lungs through the nostril, because there was no obstruction in the larynx, because blood might escape through the aperture into the trachea and combine with congestion and mucus in the lungs to increase the difficulty.

On the following morning an examination of the body was proposed, but his friends arriving, objected, and although we urged the importance of ascertaining the immediate cause of death, they continued to object decidedly.

*Remarks.*—Immediately after the occurrence of alarming symptoms in this case, it was discovered that the substance which had been used was not chloric ether, but chloroform; and not till then did we understand the extraordinary phenomena which presented themselves in this and the preceding case. This patient died with the usual phenomena of chloroform poisoning.

If we consult the records of fatal cases of chloroform, published by me



in 1849, we shall perceive that of fifteen cases there mentioned, the principal part took place in a very sudden manner, some of them occurring a minute or two after the application, and some of them in a period of from ten minutes to fifty hours. In the latter cases the lungs were remarkably congested or filled with blood, owing to the poison applied to the air-cells of the lungs, or circulating with the sanguineous fluid, as in asphyxia. From various causes asphyxia is of frequent occurrence; the phenomena are the same with those presented in these cases, and the remedies are the same—hence the great importance of being well acquainted with the treatment adopted in all such casualties.

The first class seem to have perished almost as if they had been struck by lightning, the powers of the nervous system appearing to be at once annihilated. In the second class the lungs exhibited a most remarkable state of congestion. In the death at ten minutes after the application, the lungs were “a good deal congested; and discharged, when cut, a large quantity of bloody serum.” In the death in three quarters of an hour no examination was made, but “the respiration was infrequent and sighing,” showing that the function of the lungs was interrupted. In the third case, “the lungs were filled with blood and softened; bloody serum in pleura.” In some of the cases the heart was found disordered, in others the brain, but in the whole number, I believe without exception, the lungs were charged with blood, or congested—the common, decided effect of chloroform.

The revival from anæsthetic symptoms and prolongation of life for ten minutes, three quarters of an hour, and fifty hours, bring these cases into the same category with ours. The vital principle after appearing to be extinguished lights up, and gives the hope of recovery, but the blood continuing to accumulate in the lungs from the effect of the poison, and the weakness of the patient, its oxygenation is prevented, and from want of the animating principle life is suffocated and extinguished.

Is the fatal termination of the third case to be attributed to any cause other than that which exists in the preceding cases? There is no reason to believe this to be the fact. The sinking after revival might lead to a suspicion that some other than the usual cause—congestion of the lungs—existed; and some one has suggested that it might have arisen from ammonia having entered the lungs. How could it be the cause of death in this case? By being introduced into the lungs and irritating and burning these organs? This was impossible in the given circumstances; the patient neither swallowed nor breathed after the ammonia had been employed until the whole had been washed out of the mouth by the abundant mucus. It may have been thought that the ammonia irritated the opening into the larynx and swelled it so that no air could pass through. The air did pass through freely till he died, and so did the mucus, a less volatile fluid than air. Further, when ammonia is introduced into the mouth, its entrance into the larynx is repelled by contraction of the laryngeal muscles, so that it cannot enter. Moreover, it was in excessively small quantity. A saturated solution of nitrate of silver, it may be remarked, is frequently introduced into the mouth and even larynx for curative purposes. Most of the ammonia immediately ran out, and the rest was thrown off by the mucus of the lungs and throat. Had any disorganizing effect been produced, how could the patient have swallowed repeated draughts of brandy up to the period of his death? Finally, if the ammonia destroyed the last patient, how did the second escape the action of the same cause? He used the same quantity, so far as can be judged, and was able to swallow through

the day and ever since, and to take even solid food. True he was stronger than the other, but this difference of strength would have made no difference in the chemical, or even vital action, more favorable to the one than to the other; yet the one is well—the other is dead. But I will insist no further on this point, and perhaps have already said more than was required.

We believe that the temporary resuscitation of one of these individuals, and the permanent restoration of the other from apparent death, must be considered as a triumph honorable to Medical Science and to this Institution.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 24, 1852.

*To Readers and Correspondents.*—As will be noticed by the reader, much space has been devoted in the present number of the Journal to Dr. Warren's explanation of a recent unfortunate occurrence at the Massachusetts General Hospital. The peculiar circumstances connected with it seemed to require that this large space should be allowed for an explanatory statement, although it had previously appeared in the columns of the American Traveller, and although, by inserting it at the late period when it was received, we have been obliged to postpone the continuation of the interesting papers of Drs. Channing and Coale, besides the insertion of a number of others which have been awaiting their turn. A statement by Mr. Hildreth is also contained in the Journal to-day, which was considered by the friends of Dr. Jackson to be called for, in reply to some of the assertions in the debate of the United States Senate, recently presented to our readers in a supplement. As in the case of that supplement, we are not answerable for anything contained in the present statement.—The following papers are on file, in addition to those already acknowledged:—*Media Sacra*; *Thermometrical Observations in Missouri*; *Medical Application of Electricity*; and *Use of the Stethoscope in Midwifery*.

*Diseases of the Mouth—Apparatus for Cleaning the Teeth.*—A compilation of aphorisms on the prevention and treatment of diseases of the mouth, prepared agreeably to a resolution of the American Society of Dental Surgeons, has been some days on our table. Dr. L. S. Parmly, a distinguished dentist, has contributed largely to this collection of wise directions. He is also the inventor of some singularly shapen instruments of white clay, which are used for polishing the teeth, and giving to them a bright, healthful appearance. Our food is so fine, in these days of civilization, that the teeth meet with little or no resistance in crushing morsels, and hence a want of friction, which in lower animals is most perfect, in gnawing and tearing their food, and which keeps their manducatory apparatus in excellent condition. Dr. Parmly is an experienced man, and whatever he says in respect to the beneficial result of his clay polishers, is taken for truth, although the instruments are a novelty, and at first sight strike the eye as being better in theory than in practice.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 13th, 72.—Males, 29—females, 43. Accidental, 2—*inflammation of bowels*, 1—*inflammation of brain*, 4—*bronchitis*, 2—*consumption*, 14—*convulsions*, 4—*croup*, 4—*diarrhoea*, 1—*dropsy*, 4—*dropsy in the head*, 2—*infantile diseases*, 7—*puerperal disease*, 1—*scarlet fever*, 9—*gangrene*, 1—*disease of heart*, 2—*intemperance*, 1—*inflammation of lungs*, 4—*disease of liver*, 1—*marasmus*, 1—*old age*, 1—*palsy*, 1—*pleurisy*, 2—*teething*, 1—*unknown*, 1—*worms*, 1.

Under 5 years, 28—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 11—over 60 years, 8. Americans, 32; foreigners and children of foreigners, 40. The above includes 3 deaths at the City Institutions.



*Death and Post-mortem Examination of the Hon. Daniel Webster.*—TO THE EDITOR, &c.—Sir, The medical public have been waiting with great patience for an accurate report, in your valuable Journal, of the disease which terminated the life of this eminent statesman, and the results of the post-mortem examination said to have been made. Why does it not appear? A paragraph has gone the round of the *newspapers*, purporting to be authorized by his medical advisers, in which, if my recollection serves me, language something like the following is used:—"Mr. Webster died of a disease of the liver. There was also a morbid state of the blood, consequent upon this disease, and dropsy of the bowels." Now, in my humble opinion, this *report* is vague, meagre, unsatisfactory and unscientific. Something more is required, and we have a right to demand it of those medical gentlemen who were fully cognizant, by their position, of all the facts. There is an air of mystery over the whole circumstances, which we wish should be cleared away. Let this be done. Let us have a report which shall be full and minute in all particulars. Let this be *first* published in the Boston Medical and Surgical Journal, where it of right belongs, and we will render honor to whom honor is due. CULLEN.

[The above is one of many inquiries which have been made to us respecting the post-mortem examination of Mr. Webster. In reply, we would state that we have made all proper efforts to procure the intelligence sought for, but have not succeeded. It is said, though we have not been able to learn anything definitely, that the whole matter will be communicated to a Journal at the South. No reason has been assigned for this singular proceeding. Should it be sent off to a distance, instead of being published in Boston, which seems to be the appropriate place, for the sake of our readers we shall probably inform them where they may find and read it.]

*Ammonia Used for the Poison of Venomous Animals.*—A physician of this city who has resided sometime in the Southern States, informs, that it was customary to administer ammonia for the cure of the bite of a rattlesnake and other venomous reptiles. He was knowing to a case of this kind in a servant who was bitten by a rattlesnake. His master being provided, gave him a teaspoonful of caustic ammonia; the whole of it was swallowed, producing a soreness of throat which lasted three or four days, and then went off. No subsequent inconvenience was produced, and the patient experienced no ill effect from the bite.

*Medical Miscellany.*—Dr. George C. Shattuck, of Boston, distinguished for his liberality and goodness of heart, has presented Dartmouth College \$7000 towards the erection of an observatory, on the condition that the trustees of the college will raise the further sum of \$8000 for the purchase of instruments.—Smallpox and hooping cough are fatally in the ascendant in Demarara.—Drs. Barth and Oberweg, the great travellers, at the last accounts were making extraordinary explorations in Africa.—Public health at the Isthmus of Panama, is improving, there being but few cases of fever, and no cholera.—The climate of New Zealand is represented to be the finest in the world.—Thomas Lippencott, a young man now lying at the Commercial Hospital, Cincinnati, has injured one of his feet to such an extent, by the practice of wearing tight boots, that it is necessary to have it amputated.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 18.

## PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Continued from page 334.]

I WAS with Prof. Simpson in his practice abroad, and saw it at home. I have spoken of his professional engagements. These do not satisfy the demands of his mind for labor. He is deeply interested in archæological studies, and pursuits. The curious in literature, especially in medicine, but in other departments also, are matters of constant interest. He writes on these subjects. The Roman remains in his native country are familiar to him, and it gives him real pleasure to point them out to you, and to find you interested in them. In the midst and pressure of work, night and day, he has leisure for everything, and is never weary, or says that he is. I never heard an approach to an acknowledgment of fatigue from him. He is always cheerful, ready, and has time for social pleasures, which he much enjoys. I saw him start early one morning in the Highlands to climb a mountain which cost him a whole day's hard work. He only spoke of the pleasure of his excursion on his return—not a word of fatigue. So it was with his companions, Professors Sharpey, Syme and Christison; all were delighted, no one seemed fatigued. Dr. S. has the countenance and manner of a young man. I was told he was 39. His origin was obscure, but at the University he attracted the attention and interest of Prof. Thompson, the writer on Inflammation, and he always was his friend. At 28 he was a candidate for the professorship of Midwifery in the University, and succeeded against some of the foremost men in his branch, of his age. Prof. S. has done, and daily does, everything in his power to make his lectures and whole instructions attractive and useful. His museum, instruments, drawings, are perfect in their kinds, and I examined them with the pleasure which true efforts to diffuse important knowledge always produce.

Prof. Simpson has made many instruments used in his practice. In the case of labor above referred to, and which I saw with him, he meant to have applied his tractor, had not the labor rapidly gone on under very simple manipulations, and which he gave me an opportunity to practise in the same case. His tractor is half or less of an Indian rubber hollow ball, large enough to embrace a considerable portion of the foetal cranium. It has connected with it an exhausting pump about the size of that used in the breast pump. The India-rubber cup is press-



ed upon the scalp, and the air is exhausted, and adhesion is at once perfect. How perfect, he showed me by applying the tractor to the child's head in the case above referred to, soon after its birth, and raising the child by it far from the floor. It moved about briskly, but made no cry, or in any other way showed uneasiness at this unusual position. The application is easy, and Dr. S. has used the instrument often enough to satisfy him concerning its utility.

I saw freezing mixtures employed in different affections. Two parts of powdered ice, with one of fine salt, make the mixture. It is put into a gauze bag having a ring of wire round its open end to keep it open to receive the mixture. In a case of deep-seated chronic pain in the back, or rather the hips, the bag was placed on the integuments covering one of the nates, a very broad surface. It remained on until the whole was fairly frozen, as white as lard, and so solid as to make indentation difficult. No complaint was made. After the bag was removed, the surface grew moist and wet at once from the condensation of atmospheric vapor—gradually it became softer, and at length quite warm and red. The pain was much diminished by the process. I saw it used in a case of chronic eczema of the face. The disease was extensive, and the deformity great. What the ultimate effect was in this very troublesome complaint, I do not know. I can only say that there was nothing in what occurred before I last saw the case to contra-indicate a further use of the remedy.

In the midwifery department of the Vienna Hospital, Dr. Arneth showed me an apparatus for injecting water into the vagina to produce premature delivery in cases of such pelvic deformity as prevented the birth of the mature fœtus, except by destructive diminution of its bulk. It had been proposed to accomplish the same object by injecting water between the uterus and membranes. Experiments had showed that the extensive separation of the membranes produced in this way—the dilatation of the os uteri—and the local and general disturbance induced, had been followed by uterine contractions and delivery. The later method merely proposes the *distention of the vagina*, by water thrown into it, and the uterine disturbance thus produced, as a sure means of reaching the same object. The Vienna apparatus has been tried, and has been found to answer very well. It is, however, clumsy and inconvenient. Professor Simpson uses an enema injecting apparatus of India rubber, which is readily adapted to the vagina, and easily used. He has tried it, and with entire success. The vagina is distended with water twice a-day, and labor occurs in four or five days after.

Many, many cases were under treatment for ulceration of the os uteri in various degrees, with and without enlargement of the cervix. For these, when indicated, the caustic potass was used with great freedom, and with decided benefit. Its application to cervix and os, inside, was faithfully made, by means of the speculum, into which a little vinegar was first poured, but which did not reach the spot to which the caustic was applied. When the caustic was withdrawn, vinegar in very large quantity, a half pint or more, was injected forcibly through the speculum by

the syringe above named, and until it came away perfectly clear. I now examined the os uteri by the speculum which remained as at first introduced, and found the ulcerations, granulations—removed, and the whole appearance different from what it was immediately before cauterization. I asked patients if they felt pain, and this during the process. They uniformly said no, and I was assured that peritonitis had not followed this treatment in any case which has occurred after the use of the actual cautery—an operation which is in so much repute in similar complaints in Paris.

*Os-uterotomy.*—The extension of the os uteri by incision is sometimes practised by Prof. Simpson, and several cases in which it was done fell under my observation. The os and cavity of the neck of the womb are at times very small. The os is little more apparently than a small round hole in the centre of a depression in the middle point of the surrounding structure. The lips, properly speaking, of the mouth are wanting, and you look at the *rounded* termination of the cervix, instead of the normal *linear* opening which is ordinarily met with. Associated with this formation, in which precise relation I did not inquire, are dysmenorrhœa and sterility. Two methods are in use in Edinburgh for the removal of the difficulty. First, by artificial dilatation, by sponge tents—a slow and uncertain process. Second, by the knife—a safe and more certain means. These are, as was said, in frequent use. The failure with the tent or other means of forcible, mechanical dilatation would seem to be owing to the great elasticity of the uterine texture, by which it readily returns to its original state, even after long-continued mechanical opening. I have a preparation in my collection of a womb in which retroflexion existed, and had existed a long time. The elasticity of the texture in this remains as perfect as when the preparation was first obtained, viz., during life, when artificial reduction was practised. This elasticity is abundantly manifest when the operation by incision is attempted. Dr. Simpson has invented a very ingenious instrument for the operation. It is a concealed knife, about two inches long and one line in breadth, which by a spring arrangement protrudes *laterally* from the sheath in which it lies imbedded when not in use, and while the instrument enters the os and cervix uteri. A screw between the handles exactly graduates the extent to which the blade shall pass out of its sheath. The end of the sheath is probe-pointed and readily enters the os uteri. Without care the incision will not be made, the elasticity being so great that the os and neck will stretch before the instrument instead of being cut by it. The effect of the incision is obvious and striking. For the small circular opening, or one not linear, a linear one is felt and seen. The os uteri is patulous, extending quite across the cervix. It admits the end of the finger easily, and is felt to be soft, relaxed. The change is complete in its anatomical condition and relations, and the functions of the womb often become natural. Some hemorrhage follows, but is not great, and is checked by filling the vagina with lint. To prevent hemorrhage, this measure is resorted to in all cases. I asked the Professor if he had ever met with troublesome hemorrhage. He said in only four cases, but in each of these it was readily controlled. I saw many



cases of this operation, and am sure that hemorrhage did not follow in any of them. I saw them after some days, and found all of them doing well. Some of these occurred in the Professor's private practice; but most of them at his clinic. These persons at once left his house to return home, and without any untoward results. He mentioned several cases in which dysmenorrhœa had disappeared, and others in which pregnancy had occurred. I should have said that to prevent adhesion after incision, lunar caustic should be applied to the angles of the wound by means of the speculum. This may be done a day or two or more after the operation, as examinations may indicate.

*Polypus Uteri.*—About the treatment of this disease some difference of opinion prevails. The weight of authority is certainly, with us, on the side of the ligature. This is not the case on the continent of Europe, and it certainly is not in Edinburgh. Prof. Simpson prefers the knife. His instrument is curved. The extremity of the curve is probe-pointed, and measured to the opposite side of the handle is one inch and a line in breadth. The cutting portion or blade is crescentic or semi-lunar, and is inserted into the curve of the handle, being a line and a half longer than the curve to which by a rivet it is attached. It thus resembles exactly Ramsbotham's semi-circular knife for dismemberments, differing only from it in size, his being two inches from its probe-pointed termination to the opposite part of the handle; and in the blade in Prof. Simpson's instrument, which is of steel distinct from the metal of the handle, and which receives a very perfect edge. The objection to the knife in the treatment of polypus is in the chances of hemorrhage. This accident has never troubled Prof. S. In small polypus, which Gooch twists off with thumb and finger or polypus forceps, he finds his instrument very useful. This operation does away entirely with the tedious process by the ligature. It is followed by no offensive discharge, which must accompany the ligature; and it has not been followed by return of the polypus. With regard to the question of danger, Prof. S.'s operation places the patient in precisely the same position which that for enlarged tonsils now does its patients. A few years ago this was regarded as a very grave affair. Armed needles were passed through the tonsil and strangulation produced, and its slow and often unsatisfactory results. Now the operation by excision is done in a moment, at the surgeon's house, and the patient relieved goes on his way rejoicing. I remember distinctly a clergyman of New York stopping at my house one day, and observing him occasionally to spit a little bloody saliva, I asked its cause. Said he—"I have just had enlarged tonsils removed by Dr. Hayward, and have called on you on my way home." Should hemorrhage occur after removing polypus uteri, it may be at once stopped by lint pressed firmly against the cut surface. This should be done in all cases; and the chances of bleeding prevented. A bleeding tonsil could hardly be managed in this way. But experience has shown that apprehension of hemorrhage need not be entertained, and other means would effectually check bleeding should such be necessary. I have frequently removed the polypus uteri by ligature, and remember the patient's discomfort till the tumor drops off. The friends have some experience

of this, and the surgeon is not without his share, which to an important sense is the "lion's share." My purpose in these records of what I have heard and seen, is simply to state such facts as have come directly before me, or which rest on perfectly reliable authority. They belong to medical history, and mark some of its important epochs.

*Pessaries.*—Of these the number in use everywhere is legion. In my very last hour, I may almost say, in England, I was presented with one of the latest inventions for supporting the womb, by Dr. Clay of Manchester, who has removed the diseased ovary in 54 instances, and with the loss only of 18 cases. This pessary is of wire spirally arranged, which allows of free motion as the body moves. It has abdominal and perineal straps, and is worn with much comfort. Dr. Clay seemed better pleased with it than with any other. Prof. Simpson has many pessaries, and has drawers filled with them. One is for simple prolapsus, with relaxed vagina. It has a cup as others have for the womb to rest upon. The stem has one or two circles, say about an inch in diameter, projecting from it, or through the centre of which the stem passes. Where much effect is desired, one of these is of zinc and copper, or the stem is of one of these metals and the circles of the other. When worn, a galvanic action is produced which slightly ulcerates the vagina where it presses against it. This being followed by contraction, is a permanent cure of the prolapse. The pessaries most in use by Prof. S. are stem pessaries of metal, or two metals, the stems of which are passed into the uterine cavity and there worn. These are used in dysmenorrhœa, deficient catamenia, in flexions, and versions of the womb. They are sometimes of zinc and copper, the stem, and a galvanic action is exerted when in the womb. They resemble very exactly small gimlets in shape. I have one which was worn by a patient nine months with perfect relief of all the symptoms attendant upon retroflexion of the womb. I met with other patients who had worn these instruments for one and even two years, and with entire relief. Some of these pessaries have an external arrangement by which the stem is kept in its place, and the womb gets permanent support.

I have for some time considered prolapse, uncomplicated or simple prolapse, a rare form of uterine dislocation. Yet it is the most talked about. Patients with pelvic trouble know of no other name for such affections than "falling of the womb." Now this word falling is an expressive one. The womb falls variously, backwards, forwards, obliquely and transversely, of the pelvis. It rarely, I think, falls *downwards*. The condition of this fall is seldom present. It is not easily produced. Independent of increase of weight in the womb as a cause, pregnancy, or, rather, and especially, labor, are its main ones. This condition is a relaxed state of the vagina, the principal if not the sole support of the womb, and that portion of it especially which forms the *cul-de-sac*. Nobody pretends that the vagina by itself contributes to prolapse. Suppose the womb to be morbidly enlarged, we have then in its weight a cause for the elongation of the vagina—the displacement of neighboring organs, the bladder and rectum, and so of descent of the womb. I rarely see uncomplicated prolapse. It depends on organic



disease for the most part, or disease of neighboring organs—the state after recent delivery, for instance—is a symptom of something else, an accident to such disease or state, and which can only be removed by removing its cause. Pathology hardly presents a case in which a mere symptom has been so frequently or so generally converted into a disease, as in what is called prolapse of the womb. It exists along with so many uterine affections that it is not at all to be wondered at that the patient regards it as her sole disease, and so much has her diagnosis been relied upon that the practice has been often decided by it, without any such examination as can alone settle what the complaint is. So true is this, that a vast amount of the treatment of womb complaints has passed out of the care of the regular profession, and pessaries of all sorts are daily added to the market so crowded with them before, and are used in the most entire ignorance of both manufacturer and patient, concerning the true nature of the disease. The spine, “spine of the back” is the popular phrase, has been brought into the service, and all sorts of apparatus are afoot for the support of the “crooked spine,” and the “fallen womb,” they being regarded, of course, as one and the same disease. Removal of the causes of prolapse will not always prevent “fall.” The natural support of the organ in its natural state, namely, the vagina, having lost power by that which has changed its relations with the womb and pelvis, or its contents—namely, an unnatural diseased state—this natural support, the vagina, may not acquire power in all cases at once to support the organ when relieved from disease, and of increased weight, one of its effects. But rest, and such local and general treatment as tends to produce the best local and general health, will in most of these cases restore the vagina to its normal state. Suppose a woman who has really suffered from prolapsus, as a consequence of uterine congestion, chronic sub-acute inflammation, with their most common attendant, increase of bulk and weight—or of any other condition producing like effects—suppose such a patient to recover from such uterine complaint, and to become pregnant. If she be properly managed during pregnancy, and especially through the whole of the puerperal state, extending over a month or more after delivery, she may, upon getting about, find herself entirely relieved of her prolapse. I am aware that pregnancy, and the puerperal state, are natural, healthful, functional conditions, and that their effects cannot but be salutary in their influences on chronic disturbances of the regions or organs in which they occur. I look for precisely similar results from proper treatment of like disturbances—prolapse, for instance (which is a symptom of uterine disease), after such disease has been really removed; and if I claim for medicinal agencies more than I have a right to expect, my faith in my profession would not be enhanced by the proof. With these views of prolapse, I examined the Edinburgh cases with great interest. Uterine displacements were exceedingly frequent, but by far the greater part of them were *versions* or *flexions*. The os uteri would be found strongly turned and high up, backwards or forwards. If downwards, then having frequently the body flexed upon the neck, producing the retort shape, and either forward or backward. There were cases of pro-

lapse, never very striking, however, and obviously the result of existing or of previous disease; in the former case the result of increased bulk and weight, or mere gravity—in the other, of that condition of the vagina which some previously-existing mechanical cause produced, or its elongation. Artificial support in one case, with local tonic treatment, would be proper—such support, namely, as would directly tend to make the vagina perform its own office without the continuance of artificial assistance. In existing uterine disease, rest and other treatment would be indicated. For flexions and versions, the stem pessary has been used by Prof. S. with the best success. It has been tried with us, but the whole result I have not learned. For dilatation of the os and cervix, Prof. Simpson has had made a sponge tent, which is easy of introduction and readily keeps its place. It has a central canal running through it, into which is passed an instrument having a handle, and which is bent at the other extremity at an angle of about 66 degrees with the handle. It thus corresponds with the direction of the vagina, and being introduced into the canal of the tent, this may be very readily passed into the womb. The tent is thickly covered with firm tallow, which soon melts off, and the sponge at once begins to swell.

[To be continued.]

#### THE CEPHALOTRIBE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I offer you a few remarks upon the cephalotribe, and, also, a notice of a modification of the instrument for vaginal hysterotomy.

*The Cephalotribe.*—This instrument, invented by the younger Baudeloque, has hitherto, in this country and in England, been usually exhibited merely as a curiosity, and an object of ridicule. It is, however, regarded in France and Germany as an instrument imperfect, indeed, but which is calculated to be, and which has been, of great service *in some cases*. When an invention has received the commendation of such a man as Dubois, and of others of his stamp, its claims demand investigation.

As at present constructed, the cephalotribe resembles somewhat the long forceps of Levret. It is, however, in every way stouter; its blades have, in but a slight degree, the lateral curve of the forceps, and, in place of presenting a fenestrum, they are scooped out, somewhat in the manner of a spoon. The handles, too, are provided with an apparatus for approximating the blades, and thus producing compression, an end which the instrument must be powerful to accomplish.

The cephalotribe is not, as some seem to suppose, calculated to stand between the perforator and crotchet on the one hand, and the Cæsarean section on the other, nor to supersede the Cæsarean operation, in any other way than it is superseded by the perforator and crotchet. It is, in fact, simply a substitute for the crotchet. It has now been in use for some considerable time by Dubois and other Continental practitioners, and is preferred by them, in all cases in which its application is practi-



cable, to the crotchet, as being decidedly less liable to lacerate the maternal textures.

The defects of the cephalotribe are—first, that its application is *not* always practicable; second, that compression by it being in one direction only, the body compressed bulges in a direction perpendicular to the first; and third, the less important one of its formidable appearance. This formidable aspect, however, has been much diminished by the substitution for the wheel (which appertained to the instrument as originally made) of a flexible rack with a key of about the size and appearance of the handle of the dental implement of the same name.

The mode of introduction of the instrument in question is the same as that of the forceps. The approximation of the blades, with the destruction of the head of the child, is then easily effected by means of the mechanism attached for the purpose. Extraction of course follows with comparative facility. The *perforator* should always precede the cephalotribe, as constantly as it does the crotchet.

I conclude this brief notice of the cephalotribe, by disclaiming all advocacy of the instrument, further than to repeat that the experience of some of the highest obstetrical authorities is in favor of its superiority, in many cases, to the crotchet, and to claim that it should not, without further examination, be consigned to the lecturer's collection of impracticable curiosities.

The knives for vaginal hysterotomy, of the form now most approved, have blades five inches and a half in length; the cutting portion, which is at the extremity, being two inches and a quarter long, by a quarter of an inch broad. This incisive portion is gently curved upon itself in a plane vertical to that of the flat surface of the blade, in order to adapt the knife to the course of the vagina. Placing the two knives with the concavities of their curved surfaces looking upward, the edge of one is directed to the right, and that of the other to the left. The handles are three inches and three quarters long.

These knives are used for incising the internal surface of the os uteri in cases of obstinate rigidity during labor, two or three slight incisions being made on each side. The operation of incising the cervix uteri in parturition has now been many times performed by Dubois, who has never seen it attended with any immediate accidents. It should not, however, be resorted to without due circumspection.

*Boston, October 22d, 1852.*

L. PARKS, JR., M.D.

#### DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 326.]

HAVING attended to these more external matters, we still have the want of tone, and general debility of the system, to remedy; and for this it is very difficult to lay down any general rule.

We mentioned among the effects of these affections a disposition to gastric derangement, or rather to atony of the stomach. This in most cases we treat with ale, which affords at once a stimulus, a tonic and

nourishment—relieving the exhaustion of the moment—strengthening the stomach, and affording an easily assimilated nutriment wherewith to invigorate the attenuated frame. We know of no objection to the use of this, except some accidental idiosyncrasy of the individual. If it be not advisable, sherry wine is the best substitute—lacking the nutritive and the direct tonic effect of the other. Beyond this we cannot specify a stimulus—for after all, it must be fitted to the wants of the particular individual, and therefore trial must indicate what is best. Where not only the immediate stimulus, but also a more powerful and continuous tonic is needed, Peruvian bark, gentian, columbo, and all articles of that class, will serve us in turn, but of course it would be unnecessary and indeed impossible for us to attempt to discriminate between them here. That must be done by the physician when the individual case is before him.

We also mentioned as one of the consequences of disorder of the uterus, an attenuation of the blood—an anæmic disposition, exhibited in pallor of the countenance, waxy aspect of the skin, and cold hands and feet. Iron of course is our remedy for this, and it only remains for us to indicate the form in which it is to be administered. As that form of the remedy against which, in the largest number of cases, the stomach does not rebel, we have long used the ammonio-tartrate. It is very convenient, too, to administer. We write for two drachms, and direct the patient to dissolve it in sixty teaspoonfuls of water or syrup (say of orange peel, a home-made article). The dose measured by the same teaspoon will then contain two grains, which may be taken four times a day. When there is fear of this fermenting, or where the stimulus of wine is also wanted, sherry is a good menstruum, though it takes more of this fluid than of water to serve as a solvent—about double the quantity. The flavor of neither of these solutions is unpleasant, and we have found but few cases where there was an intolerance of the remedy. The tincture of the muriate of iron has been much extolled for leucorrhœa, and therefore if that accompaniment is a prominent and troublesome one, it may be administered instead of the ammonio-tartrate. It is very apt, however, to disagree with the stomach, and the flavor of it cannot be made very agreeable. Care should be used that neither be taken into an empty stomach, or if so, a cracker or something of the kind should be eaten immediately after. This will prevent an unpleasant gnawing and nausea that often follows the administration of iron without these precautions. Where the last remedy is not tolerated, and a demand for it seems to exist, we have used the sulphate of iron instead, under the same precautions, dissolving it as we advised for the ammonio-tartrate, but giving it in smaller doses—say  $1\frac{1}{2}$  grain; this is as much as in most instances will be borne without irritating the stomach in the course of the period for which we may have to use it. Frequently, indeed, we have to commence with a half or third of a dose, and gradually increase it to the maximum. This of course is easily done when the salt is in solution.

However admirable may be the effects of the above-mentioned tonics, there are few cases where they alone will suffice to restore the health and strength of the patient, and enable her to preserve them when recovered, unless we bring the influence of cold water to their assistance.



Indeed, this remedy in some form or another is by us brought very early to bear upon the disease, and we should have introduced a mention of it sooner but for not wishing to interrupt the above continuous series of kindred remedies. Not only, too, do we look upon cold water as a tonic, but we consider it a powerful alterative in breaking up that circle of morbid phenomena, at various points of which are found, as we have before this detailed—a displaced uterus—dysmenorrhœa—gastric irritation—hysteria—and the rest, too familiar by this time to repeat. As soon as we have made an estimate of the vital energies of our patient, we commence enveloping her to a degree proportionate to what we consider her power of reaction—with the wet sheet. When the energies are much reduced, this must be done very cautiously, and only very partially. Thus, as a first essay, we wrap the hips in a common roller towel about twenty inches wide, dipped in water at about 60°. Over this is wrapped a flannel skirt or some such thing, and the patient lies thus in bed for an hour or hour and a quarter. After this she is well rubbed with a crash towel, and dressed if necessary. If this is readily endured—if the chill it causes soon passes off—and particularly if it be replaced by a proportionate glow, we may venture further, and envelope more of the frame in it, and use colder water, until we reach the point of wrapping the whole figure, from the arms down, in a sheet wet with the coldest pump water. When so wrapped, the patient should be also covered in blankets and remain thus for an hour and a quarter. If the operation is such as is desired, the chill passes off at the end of ten or fifteen minutes—the remaining discomfort of the cold in twenty more. Soon a glow is felt which goes on to diaphoresis (though not profuse), attended with a positive feeling of enjoyment and exhilaration. Used in this way, we claim that this means is raised from all taint of hydropathic quackery to a rational and scientific remedy, and as such we ask for it its fair share of attention. We are confident that if this be given, it will be highly valued in the light both of a powerful alterative as above stated, and as a tonic, tolerated and beneficial, when the stomach refuses others, or where they may prove incompatible, as is well known they often do, with some other condition of the system.

The proper time of the day for using this remedy is the forenoon, though the particular hour we do not deem important; we permit the patient to choose that which will best suit her convenience. The re-action is probably greater on first awaking, and, if nothing hinders, we should select this time.

Used in this way, the influence of cold water seems much more deep and thorough than when simply taken in the form of a cold bath. We cannot suppose that a very different series of phenomena occurs in one than in the other; but, with the wet sheet, each one of the series is prolonged, and in this way possibly the depths, as it were, of the system are more perfectly probed, and the most distant and hidden operations of the morbid influence reached. Thus in a cold bath the chill is endured at the farthest for five minutes—the body is then dried, and in another five every opportunity given for re-action, which comes on with greater or less despatch. With the wet sheet, the chill is prolonged for ten or fifteen

minutes—the rallying effort to force back to the surface the blood which had left it then begins, but requires from fifteen to twenty-five minutes more. Still, after this, the surface is excluded from the air, and kept bedewed with a fluid now at blood heat, prolonging and heightening the duration and violence of the reaction. This at least seems to us a rational comparison between the two.

We must finish this chapter with some notice of the other alteratives which have been at various times advised to break up the morbid action—the congestion, hardening, and irritation of the uterus, and the disturbed functions of the neighboring organs accompanying displacement. For this purpose the writers of fifty years since advise mercurials, but with apparently no very great precision in their views as to what was to be done. Later, since the virtues of iodine have been recognized and appreciated, some of its combinations have been recommended for the same purpose, but apparently scarcely more than on theoretical grounds, even with the few who have made the recommendation. We have looked very carefully for any facts that would support the view that they are beneficial, and we find none either in the flood of periodical medical literature which we now enjoy, or in the experience of our personal friends or ourself. We do still occasionally use the syrup of ioduret of iron, but it is rather as a tonic and an appetizer than as an alterative.

We thus conclude our list of remedies, and the details of our course of treatment of uterine displacements. There are many suggestions which have been made, many theories broached, and many instruments contrived, of which we have taken no notice. We feel, however, that we have weighed these carefully and without prejudice, and estimating them not hastily, have deemed that no benefit could accrue to the reader from a mere rehearsal of them and exposition of their failings; but have thought that time was better spent in making a full exposition of what reason and experiment have taught us we can rely upon.

[To be continued.]

#### DISLOCATION OF THE KNEE-JOINT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—On the 27th day of last April, Mr. P—— F——, a man of large stature and great muscular power, aged about 45 years, being engaged in unloading manure in the field, his horses became restive, and, while endeavoring to govern them, he was thrown by one of the wheels against a pile of manure and thereby had his left knee-joint dislocated. He remained helpless in the field about half an hour, when some persons came to his rescue, and carried him about one mile and a half on a bed in a wagon, to his home. With my son, Dr. J. H. Mackie, I visited him between 12 and 1 o'clock, and on examination found the head of the tibia was dislocated forward, so that the patella was high up above its natural location, and the condyles of the femur were readily felt in the ham. The joint was not much swollen. We immediately made use of the pulleys, and very promptly restored the bones to their natural position. We had him placed in bed and enjoined the most



perfect quiet. We visited him again in the afternoon, and found him very free from pain, and the joint but little swollen. We endeavored to make him understand his situation, and impress on him the importance of his maintaining the most perfect quiet. We put the limb on a splint, and, to guard against inflammation, bled him about twenty-four ounces, and ordered a dose of sulph. magnes. to be taken the next morning.

April 28th.—Found him very comfortable. He said he did not like the splint, and had therefore removed it. I again told him there was great danger from inflammation, that his leg must be kept perfectly quiet, and that he must not in the least bend his knee-joint. He promised to keep entirely still.

29th.—He has proved to be a disobedient patient, and I found him sitting in a chair with his leg supported, and also very comfortable.

30th.—He insists on moving about with the aid of crutches, and will not be prevented.

May 1st.—I called and found him absent, he having gone out to superintend his business. I met him occasionally afterwards, as he was engaged in business, and learned he was improving rapidly. For a few days his joint swelled moderately, and there was quite an extensive ecchymosis about the joint and upper portion of the leg. The local applications to his knee and leg were contused wormwood with spirits; also vinegar and salt with spirit.

This accident being one of comparatively rare occurrence, and considering also the rapid recovery, notwithstanding the imprudence of the patient, at the suggestion of some of the profession I send you the above brief account of the case, for publication, should you think it advisable.

Very respectfully yours,

*New Bedford, Nov. 16, 1852.*

ANDREW MACKIE, M.D.

#### FERRO-PHOSPHAS CALCIS IN PULMONARY CONSUMPTION, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—As every man in the profession is honorably and morally bound to contribute his mite in alleviating the ills of the human race, permit me to call your attention to the above preparation in the treatment of tubercular disease. It is true my experience has not been great with the article, as it is confined to but few cases; yet, the happy results I derived in these cases induce me to direct attention to the remedy, that others may enter the field and try its effect. I do not pretend to say it will relieve every case, or even a majority; but that it will benefit many cases, particularly in this climate, I can say with some confidence. I merely desire that others may try it, and confirm or repudiate my restricted experience. I will remark, that I believe climate and its collateral influences, have a controlling effect in the therapeutic management of most affections; consequently, I am impressed that the medicine I suggest may answer better in southern tubercular disease, than in that of New England.

My experience is not extensive enough with the remedy, to say in what peculiar forms of the disease it will do best. In its incipency and decline I have used it with marked advantage. I make it thus: *R.* Phosphas calcis, two parts; phosphas ferri, one part. Dose, ten grains thrice daily, in simple syrup; after five or eight days the dose may be increased to fifteen grains, or more, as circumstances may justify. The remedy can be made into a syrup very readily, we imagine, though we have not used it that way. To be effectually serviceable it should be used for some time, and the bowels, if much costive, should be kept open with a warm laxative mixture; if otherwise, they should be restrained with some astringent mixture. The remedy, in my estimation, has all the advantages of the *cod-liver* oil, with none of its disadvantages; and I believe—subject, of course, to farther corroboration—it is destined to supersede all other medicines in the general treatment of tubercular consumption, particularly where abscesses have formed, or in its earliest stages. I send you these views, without going into a disquisition on the theory of the treatment, which would be of no utility to any body. As previously stated, I wish to create no undue hopes, but I respectfully invite the profession at large to try the remedy, and if it proves successful in one instance, or is the means of saving a single life from impending death, I shall be amply compensated for giving this article to your readers.

Very truly, H. A. RAMSAY, M.D.

Thompson, Columbia Co., Geo., Nov. 2, 1852.

#### MALIGNANT PUSTULE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The No. of your Journal bearing date, August 25, 1852, having been mislaid, I have but just noticed an article, by a correspondent, upon "Malignant Pustule," to which I would recal attention for the purpose of suggesting an additional remedy, that was employed with decided advantage in one case identical with, or very similar to, those there described. A brief recital of the case, of which I was myself the subject, will best exhibit its character, and the result.

About a week after an examination of a body dead from scrofulous disease with extensive ulcerations, a small pustule made its appearance upon the upper part of the index finger. The pustule was preceded by a troublesome itching, but when formed it attracted little attention for a day or two; then the textures beneath and around it became indurated and swelled, passing quickly into a hard, elevated tubercle of a dark color, sore and painful; and upon this, as the disease progressed, numerous small perforations opened, through which pus and a sanious fluid were discharged. The finger, the hand and the arm to the elbow, swelled rapidly, accompanied by intense pain. An erysipelatous inflammation covered the hand, and a red and indurated track extended up the arm to the axilla, where the glands were irritated and painful—showing the disturbance of the absorbents. And simultaneously with the swelling of the hand and arm, there were fever, prostration, and a feeling of great oppression.



Soon after the pustule became painful its apex was removed, and solid nitrate of silver was applied freely, but without benefit, and when pus began to ooze from the small perforations, the tubercle was opened by a crucial incision, and afterwards, as before, emollients largely charged with opium were applied. But the pain continued intense, with daily increasing fever and prostration. In this condition, on the fifth day from the commencement of the swelling in the hand, the ulcerating mass was filled with undiluted creosote, and covered by a pledget of lint saturated with the same. Under this application the pain was speedily arrested and did not recur; and the whole train of troublesome, not to say dangerous, symptoms soon began to subside. The creosote was continued until free sloughing commenced, when it became irritating and was changed for poultices and other simple dressings, under which the cavity at length filled.

In medicine, all know that a single result is entitled to little confidence; but in this case so vivid is my recollection of the sudden, unexpected and entire relief afforded by the creosote from protracted and exhausting suffering, that I transmit the facts for whatever they may be worth.

Respectfully, F. P. FITCH.

*Amherst, N. H., Nov. 22, 1852.*

#### DEATHS FROM CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I wish through the Journal to inquire whether death has ever occurred from chloroform when the patient has from the beginning of the administration been kept in a horizontal position.

May not the muscular force of the heart, by the inhalation of chloroform, be suddenly enfeebled, to such a degree that it would refuse to carry a column of blood perpendicularly upwards to the head, and death of consequence follow; when the same agent, administered to the same extent, would not overcome the action of the heart, if that organ had to carry the blood only in a horizontal direction?

If keeping the patient in a horizontal position will render the inhalation of chloroform free from danger, or even less dangerous, it is desirable to know it. It has appeared to me reasonable that such should be the case.

In severe cases of syncope I think the subject would die if he were kept in an upright position.

Very sincerely yours,

*Petersham, Mass., Nov. 22, 1852.*

SAMUEL TAYLOR.

#### DR. HULLIHEN'S OPERATION FOR FILLING TEETH OVER EXPOSED NERVES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—My attention has just been called to an article in your Journal of October 20th, under the signature of "S. P. Miller," and dated

"Worcester, Oct. 4th," in which the writer has given an account of operations performed by him (filling teeth over exposed nerves) as far back as June, 1850. These operations are communicated by the writer referred to, as originating with himself, and as having been mentioned to a few friends (he does not say who these friends were, nor at what date he made known his supposed discovery to them) after he had successfully treated "about forty cases, embracing the different classes of teeth, &c."

I do not know Mr. or Dr. Miller professionally or personally, but his communication surprises me none the less, being aware that he was present at the meeting of the "American Society of Dental Surgeons" in Newport, R. I., last August, and then heard the full report of Dr. Hullihen's operation for filling teeth over exposed nerves, made by Dr. Cone, of Baltimore. I am also aware that the said S. P. Miller at that time made many inquiries of Dr. Hullihen respecting the said operation, without for a moment assuming to have been its originator. The editor of the New York Dental Recorder, it is true, states in the August No. of that Journal that "Dr. Miller, of Worcester, mentioned that for two years past he had been practising this operation, with almost uniform success, *without the slightest knowledge or suspicion that any member of the profession had ever practised in the same manner.*" The same editor adds—"the only difference being that Dr. Miller passes the drill *beneath* the alveolar border, whereas Dr. Hullihen passes the drill through the gum and alveoli."

Without dwelling upon the material difference between the two modes—their different object and tendency (that claimed for Dr. Miller, by the editor, being as old as the time of Joseph Fox), and especially as S. P. Miller in his *present* communication *makes no difference*, in the eventual progress of his experiments, I must protest against the entire neglect on the part of Mr. Miller, to mention the fact in his publication, that he had heard the full report of Dr. Hullihen's operation in August last from Dr. Cone. For if he went to Newport "*without the slightest knowledge or suspicion that any member of the profession had ever practised in the same manner,*" he certainly was informed of the fact on the subsequent 4th of October, when he wrote his communication for your Journal. He knew, too, that Dr. Hullihen had been performing the operation *for the last seven years*, and had communicated his process to Dr. Cone *more than three years previous to that date*; and yet, in the face of that knowledge, Mr. Miller publishes his article in the Boston Medical and Surgical Journal, without referring to either of these facts.

Under such circumstances the communication of your correspondent, "S. P. Miller," has the aspect, and I think will be regarded by the profession, as an unjustifiable attempt on his part to claim the discovery of what does not belong to him.

In the Philadelphia Medical Examiner for the month of October, you may see (and I respectfully invite your attention to it) my own brief report of Dr. Hullihen's operation for filling teeth over exposed nerves, which, apart from a sense of common justice to one who has conferred so great a benefit upon his profession and the community, demands of



me to notice any attempt to violate, in his case, the holy precept which teaches us to "Render unto Cæsar the things that are Cæsar's."

I am respectfully your ob't serv't,

Walnut st., Philad., Nov. 3, 1852.

E. B. GARDETTE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1852.

*Physiology Illustrated by Vivisections.*—Dr. Séquard, late of Paris, an eminent physiologist, to whom we have already referred, is now in Boston, and commenced a course of lectures before the medical profession of the city, on Saturday, the 20th of November. He comes with a reputation that commands the confidence of gentlemen who are familiar with the advanced state of the French schools, and we doubt not that all who can find it convenient to set apart one hour, three times in a week, will derive lasting scientific advantage, from an attendance on his illustrations. From all the neighboring towns, within a circle of twenty miles, such are the facilities for speedy communication with the metropolis, a large proportion of the practising physicians might come in and return, without seriously affecting their daily business demands. Besides being a recreation, and enjoying the pleasant society of their early medical friends and associates, it will be a pleasant exercise of the mind to be refreshed with a rehearsal of lessons in the dissecting room, to which are to be added the extraordinary discoveries of modern physiologists, by one whose advances in that direction are represented to be extensive. If we could be furnished with a synopsis of each demonstration, they would be given to the medical public at large, and thus those at a distance benefited by the researches and discourses of this distinguished stranger.

*Lectures on the Skin.*—Dr. Durkee has commenced a course of instruction before the students of the Tremont Medical School, on the anatomy, physiology and diseases of the skin, illustrated by the microscope. Dr. D. has no rival in that department among us, and we congratulate those who have the opportunity of listening to his discourses. He is indefatigable in his explanations; clear and orderly in the manner of treating each subject, and is a man of profound attainments in the branch of science to which the powers of his mind have been directed. We were present a few moments during the doctor's introductory lecture, and were gratified to notice that several young gentlemen were there who were formerly members of the school, and who have recently returned from Paris, where they have spent some time in prosecuting their professional studies. These young physicians were assisting the doctor in exhibiting different specimens of the skin under microscopes. The lectures will be illustrated also by Wilson's splendid plates—by various diagrams, and by living specimens of cutaneous diseases which will be presented to the class from week to week. The room was crowded with students, and they cannot fail of reaping much valuable knowledge from the course.

The following introductory remarks are from the lecture delivered by him—the first of the course—on Saturday, Nov. 20th:—

"In the course of lectures which I may have the honor to deliver to you, I am aware that I shall say many things that are not new to you; nevertheless, as it is a special branch of study that will engage our attention, I trust you will not think that I weigh you in a false balance, or assign you the wrong place in the scale of knowledge, if I regard you all as beginners in this special department.

"An intimate acquaintance with anatomy is the foundation of all true medical science. This is a settled principle. In accordance with this principle I propose, before we enter upon a consideration of the various maladies to which the skin is liable, that we examine its normal anatomical structure; and shall improve the present occasion for that purpose.

"However simple the skin may appear to the non-professional eye, it is found by the anatomist to be exceedingly complex in its organization, and to fulfil a great diversity of functions; and I have for many years entertained a strong and abiding suspicion that one great cause of failure on the part of the medical profession in their efforts to cure cutaneous affections, was to be found in their ignorance of the nature of the ground upon which they labored. The fact is, if a man, who knows comparatively nothing of the constituent parts of the skin, were to practise upon its diseases as many years as the children of Israel were in the wilderness, he would, at the end of that period, still find himself in a wilderness."

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*Death of Dr. Drake.*—More than three weeks have passed away since the death of Daniel Drake, M.D., of Cincinnati—a man of wide-spread celebrity—was noticed in the papers of the day; but no particulars have yet been received. His life, labors, death, and all the circumstances connected with the melancholy event, are impatiently expected from some proper source. He was an able and efficient man, and made deep and lasting impressions as he travelled through his pilgrimage. With great mental activity, a vigorous constitution, an indomitable spirit, genius and industry, wherever Dr. Drake appeared, the people acknowledged that his powers were of no ordinary kind. His biography will be read with eagerness.

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*Southern District Medical Society.*—A meeting was held in the city of New Bedford, Nov. 10th, that seems to have been unusually interesting to the profession, several medical strangers of distinction being present. A writer in the Mercury, in commenting upon the transactions of the Society, remarks as follows:—

"We had some curiosity to see together the men to whom we entrust so confidently our lives. They would well compare with any body of doctors that may be anywhere assembled. One could tell from their looks that they were learned men; from their address, that they were gentlemen; from their earnestness, that they were faithful men. Perhaps, as a class in our community, they are a little too unobtrusive, and do not thrust themselves enough forward. They own but little powder, and flash but few guns. Would it not be well if they would be at a little more pains to let it be known when they have their public meetings? And would it not be well if our citizens would be at some pains to attend these meetings? It is always well-doing to encourage one another.

"After the usual business, an address was read by Dr. John H. Mackie. The subject 'A Plea for Physicians.' It was admitted that physicians of



our day had not claimed from men the rank that is due to their profession. Hero-worship, it was said, had passed away; but still there was a *merit* that was due to *worth*. Worth was claimed for the doctor, because of the high moral character that attaches to his profession; because he is in strictest truth a man of large bravery; because he is a pioneer in so many of the sciences; because his work is purely for humanity, and always with kindest charity, and never-stinted benevolence.

"The address was well written, and was highly enriched by classical allusions and quotations from poets and the old philosophers. It concluded with an earnest exhortation to the brethren of 'The Faculty,' to stand for their rights, to maintain their inherited and proper dignity, and to go on working with good heart, and skilful hand, for the health and happiness of their fellows."

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*Moral Character of the Profession.*—E. R. Peaslee, M.D., whose discourse before the Medical Society of New Hampshire received a commendatory notice from us a few months since, recently gave an introductory address before the students of the New York Medical College, in which he holds the chair of Professor of Physiology and Pathology. The address fully equals his former literary efforts. Dr. Peaslee, at the outset, defines a practitioner of medicine. "A regular practitioner, and a practitioner of medicine," he says, "are synonymous terms—each implying one whose practice is based upon the science of medicine; by which expression I mean that vast aggregate of facts and principles in anatomy, physiology, pathology, therapeutics and the correlated sciences, which has been accumulating from the earliest ages to the present time; and which ninety-nine of every hundred well-educated medical men regard as incontrovertibly established." He proceeds to some definitions of terms, as allopathist, homœopathic physician, &c., and then commences the main subject—a comparison of the moral character of the medical profession with that of other learned professions. Those having the opportunity will derive both pleasure and profit from reading this discourse. There is a freshness in it which could only emanate from a vigorous, disciplined mind, and a gracefulness of style that bespeaks the scholar. Near the conclusion may be found the following gratifying declaration. "Indeed, there are no classes of men in whom we at all times see prompter effusions of benevolence, than in the best surgeons, in this and other countries; and the very personification of philanthropy and benevolence, the world-renowned Howard, we may remember, was a medical man."

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*Diseases of the Eye.*—Dr. Stephenson, surgeon of the New York Ophthalmic Hospital, has published a syllabus of a course of lectures on ophthalmic medicine and surgery, which indicates the thoroughness of his labors. Students cannot very well sit under his daily instruction, and not become familiar with the multifarious forms of disease to which the eyes are incident. The first division takes cognizance of the appendages of the optical apparatus of man; and the second, of the organs themselves. It is an honorable distinction to be a good oculist. No branch of medicine is more profitable, or held in higher public estimation; and in a country so vast as ours, there is room enough for many of this order of practitioners, without interfering with each other. With this view of the case, more of our well-qualified young practitioners might devote themselves to

this particular specialty. Some scarcely procure a living under their present arrangement of doing all work, who would excel by directing the entire force of their minds to the contemplation of one family of diseases.

*Dental Surgery.*—A fifth edition of the Principles of Dental Surgery, by C. A. Harris, M.D., of Baltimore, revised, modified and greatly improved by the author, and illustrated by 136 engravings, may be found on sale at the bookstores. It is a royal octavo, containing 811 pages. This great work is from the press of Messrs. Lindsay & Blakiston, of Philadelphia, who have been eminently successful in the typographical finish given to the volume. Dr. Harris has the ground wholly to himself, and having acquired a reputation which gives him the position of a man of authority, his writings on the Surgery of his profession will be sought with increased avidity. When the first edition appeared, some years since, we foresaw that it was a publication which would be in demand. A steady sale has finally resulted in this new and improved form, which, for depth of research, anatomical and physiological details, and accuracy in the mechanical directions of operative dentistry, is without a rival in the English language. Of course, those for whom the volume has been prepared, cannot be indifferent to its success, and it will be gratifying to them to learn that the demand is equal to its literary and scientific merits.

*Medical Miscellany.*—There were 60 deaths from yellow fever and 26 from cholera, in New Orleans, during the week ending the 30th ult.—Dr. A. Means is president of the Georgia Medical Society.—Dr. F. W. Sargent has been elected surgeon of Wills Hospital, Philadelphia.—Dr. J. Lawrence Smith has been appointed professor of chemistry in the University of Virginia.—A hygienic congress was to have been held at Brussels, in September last, but nothing has been heard in regard to its transactions.—*Alcool entilique* is a new kind of alcohol extracted from the oil of potatoes.—Dr. Hines, of Charleston, S. C., charged with a robbery in a post-office, has been fined \$100, and six months imprisonment.

TO CORRESPONDENTS.—The indulgence of friends, some of whose favors have been on hand several weeks, is again solicited. Articles shorter than theirs, of more recent date, are inserted in the present number, in order to give a better variety than a few long articles would furnish. By means of "extra-limits" we hope soon to find room for the papers which have accumulated. The following have been received since our last acknowledgment:—Medical Lectures in Havana; Appendix to the Case of Dr. Robert Capen; Hüllihen's New Dental Operation; Southern Typhoid Fever; Case of Phlegmasia Dolens; Case of Sinking after Child-birth; Death from Inhalation of a Foreign Body.—The kind offer of our Georgia friend is thankfully accepted. He may send by any route most convenient to himself.

MARRIED.—Dr. E. D. Merriam, of La Grange, Miss., to Miss L. Preston.—In Exeter, N. H., 11th ult., Dr. Samuel Perham, of Boston, to Miss Anna E. Clark.

DIED.—In Wrentham, on the 19th ult., Dr. Ashbel Willard, aged 85 years.—In Hingham, 22d ult., Dr. Thomas Barnes, formerly a dentist in this city.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 27th, 84.—Males. 40—females, 44. Abscess, 1—accidental, 3—apoplexy, 1—asthma, 1—rupture of artery, 1—bronchitis, 1—disease of bones, 1—congestion of the brain, 2—cancer, 1—consumption, 14—convulsions, 1—cholera morbus, 1—croup, 6—colic, 1—dysentery, 2—dropsy, 1—dropsy in the head, 6—infantile diseases, 6—epilepsy, 1—typhus fever, 2—scarlet fever, 12—hooping cough, 1—disease of heart, 3—inflammation of lungs, 3—congestion of lungs, 1—marasmus, 4—old age, 2—palsy, 1—pleurisy, 1—scrofula, 1—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 18—between 20 and 40 years, 14—between 40 and 60 years, 12—over 60 years, 9. Americans, 36; foreigners and children of foreigners, 48. The above includes 3 deaths at the City Institutions.



*American Materia Medica.*—A correspondent of this Journal, who has been in habits of intercourse with Professor Tully for twenty-three years, in commenting upon the character and originality of his writings, thus expresses himself:—

“By men of talents in the medical profession, who have been accustomed to his lectures, correspondence and conversation, it will be confidently predicted, that a comprehensive work upon *Materia Medica* from Professor Tully, will be the most original, philosophical, and practically useful book for the physician, which has appeared since the writings of Sydenham.

“Professor Tully is one of the few physicians who are imbued with the true spirit of the Baconian philosophy. Not an hypothesis, or mere theory, has he ever advanced.

“At his present age, and in consequence of his numerous places of residence, which have been in regions of differing climatic and endemic influences; of his good fortune in opportunities for observing fatal and peculiar epidemics; of his uncommonly social habits in collecting information from his professional brethren; of his widely extended and systematic correspondence; and of his great success in enlisting the talents and zeal of co-laborers in his investigations; few men, since the time when Hippocrates spent his life in travelling over Greece, have had an experience in diseases and their remedies, so extensive, minute and accurate as that of Professor Tully. Having resided in the mountainous parts of New England; in its hilly regions, and in various alluvial districts on its rivers—living by his profession in rural parishes, and in manufacturing and seaport towns—having practised extensively in malarious regions of the State of New York—having lived by his profession for a year in the interior of South Carolina—and having enjoyed a wide and high reputation as professor, instructor, and counselling physician in two central places of resort and travel—Albany and New Haven; his opportunities of residence, joined to his constant correspondence, have made him familiar, as well with the local influences, as the general diseases of the whole extent of the United States. During nearly half a century of professional life, his cool enthusiasm and ardent industry seem scarcely to have relaxed for a single day. He has expended the amount of a modest pecuniary independence, in accumulating a large professional library, and is well known as a man of learning and of truly scientific accuracy and caution.

“Like all original and independent men, he has been the subject of an average amount of vulgar rumor and slander; but never have his high honor and steadfast uprightness, as a man and a medical practitioner, been blown upon by the breath of suspicion or even of envy. His intercourse with the sick has been remarkable for patient sacrifice of time and labor, while his kindness and sympathy have received that gratitude to which all conscientious practitioners are so well accustomed.”

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*Health of London.*—In the week that ended Saturday, Oct. 23d, 1072 deaths were registered in London, being nearly the same number as in the previous week. In the ten corresponding weeks of the years 1842–51, the average number was 947, which, if a correction is made for increase of population for the purpose of comparing it with the present return, will become 1042.

The same week the births of 1567 children were registered in London. The average number in seven corresponding weeks of the years 1845–51, was 1376.

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EXPERIMENTAL INVESTIGATIONS ON THE ANTIDOTAL AND REVIVIFYING PROPERTIES OF NITROUS OXIDE.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal of May 5th, I gave a resumé of the results of some experiments on dogs, which I had instituted for the purpose of securing more efficient means of preserving life, by resuscitating and sustaining the vital energies in cases of suspended animation from the asphyxia induced by the poisonous action of narcotizing agents, privation of air, &c., reserving the details for a future period, with the intention of prosecuting the investigation to a much greater length. A combination of circumstances, however, caused its suspension, and subsequently prevented its resumption. These details, therefore, I here present, with such remarks and deductions as seem appropriate.

To render these experiments more reliable, and the evidence therefrom as conclusive as possible, I adopted the following method of investigation, viz.—firstly, making a *test* experiment, by poisoning or otherwise asphyxiating the animal, and then employing the remedy for its recovery; and, secondly, a *comparative* experiment, which consisted in placing the same animal, by the same means, in a similar condition, though for fear of a fatal result, never permitting the asphyxia to become so great as in the former instance, and then trusting exclusively to the vis vitæ for a spontaneous recovery. The object of this comparative experiment was to obtain more correct data for the explanation of the phenomena presented, and to qualify the evidence afforded by the preceding, and, as far as possible, to exclude all sources of error, it was never instituted until after complete recovery from the effects of the latter, always allowing sufficient time for that purpose, generally from twenty-four to forty-eight hours.

EXPT. I. *Carburetted Hydrogen*.—A dog was confined in a close vessel, and the common illuminating gas, taken directly from the pipes, introduced therein through a suitable orifice. After a brief period (the time was not noted) he was brought fully under its poisonous influence, and when taken out and thrown on the floor appeared to be quite dead; his body and limbs being somewhat extended, indicative of the rigor mortis; innervation, respiration and circulation having apparently been



completely and permanently suspended. The nitrous oxide water was now injected into the bowels, and notwithstanding the profound asphyxiation, returning animation was speedily manifested by respiratory efforts, which rapidly increased to very strong and prolonged ones, similar to those produced by the direct introduction into the lungs, of the gaseous protoxide of nitrogen. This exalted respiratory action, however, subsided into the more tranquil and natural effort soon after the cessation of the injection. Also during and after the injection other evidences of the aroused vital excitability were presented by vomiting and purging, followed by the ordinary and more striking signs of returning animation. Consciousness was soon apparent, and manifested by the wagging of the tail in response to our calls, and some time before voluntary power had sufficiently and generally returned to permit the elevation and support of the body in an upright position. In less than twenty minutes the animal could, by coaxing, be induced to exert himself, though the locomotive efforts, at first, were very unstable, and not under full voluntary control. This power, however, rapidly returned, and before the expiration of one hour his energies were fully restored, and he was as actively and voluntarily exercising and eating as if he had not been subjected to any experiment whatever—not appearing to suffer in the least from the poisonous effects of the carburetted hydrogen. The quantity of the nitrous-oxide water used in this experiment, and introduced into the animal's body per anum, was about one quart.

**EXPT. II. Comparative—Carburetted Hydrogen.**—About twenty-four hours subsequently, the same dog was again confined and subjected to the poisonous influence of this same agent. The asphyxia was not, however, suffered to become so profound as in the former instance. After, therefore, an incomplete and partial asphyxiation, he was removed and exposed to the sole revivifying power of the atmospheric air and sustaining influence of the vital energies, but without avail, as they were not sufficiently powerful to restore him at all, and death was of course the consequence.

**EXPT. III. Chloroform.**—In this instance the asphyxia was produced by chloroform, using for that purpose about  $\frac{1}{2}$  j., by pouring it in the vessel previously used and confining the animal therein. This plan was adopted in consequence of the difficulty of controlling him sufficiently to exhibit it properly and to avoid its effects personally. The dog was soon reduced to a similar condition to that in the first experiment. Innervation was in complete abeyance, respiration entirely suspended, and although the heart's action was still perceptible, yet it was beating very feebly and frequently. The nitrous-oxide water was now injected into the bowels in small quantities at a time, until less than one quart was thus introduced. In a few moments after the commencement of the injections, indications of re-animation were apparent, differing, however, from those of the first, in the absence of the strong and forcible respiratory efforts previously exhibited (and which were probably dependent on the stronger injecting apparatus before used, and the consequent larger quantity and more rapid introduction of the surcharged fluid), they being in this instance more gradually and naturally increased.

They differed also in the existence of irregular or spasmodic movements, especially of the facial and masticatory muscles, with retraction of the lips, clashing of the teeth, &c. Complete recovery was, however, much more rapid, as in about eight (8) minutes the animal was capable of great voluntary effort, getting up and responding, by running, readily and actively to our calls, and in twelve or fifteen minutes was seemingly as lively and as well as before the experiment.

EXPT. IV. *Comparative—Chloroform.*—The same dog was again, on the subsequent evening, subjected to the influence of this destructive agent. The asphyxia was not, however, so completely induced as in the preceding, the desire being not to sacrifice the life of the animal, but merely to obtain comparative results. In this instance, therefore, the respiration was not suspended, but only reduced, though considerably below the normal point, until it became quite slow and imperfect. The cardiac action was also less feeble and frequent, though there was complete insensibility and deprivation of motion. On being removed and exposed to the atmospheric air, recovery gradually supervened, accompanied with similar irregular muscular movements. The time required for a return to consciousness was, however, twice as great as that in the preceding, in which the surcharged liquid had been used. The restoration of physical power was also much more protracted, and the subsequent voluntary activity much less, with increased languor and lethargy and greater disposition to quietude and repose during the remainder of the evening.

EXPT. V. *Carbonic Acid.*—In this case carbonic acid was used in the form of the fumes arising from the combustion of charcoal. The asphyxia was seemingly permitted to become too profound, as the usual attempts at resuscitation proved ineffectual and death resulted. This termination, however, appeared to result from the privation of the stimulus afforded by the nitrous oxide in consequence of the impaction of fecal matter in the bowels, as the injected fluid almost wholly escaped therefrom during its attempted introduction. This impacted condition was also more strongly indicated from the impression of the fluid against a solid body.

EXPT. VI. *Carbonic Acid.*—Another dog was similarly exposed to the noxious fumes of carbonic acid, which for greater convenience was obtained by the action of sulphuric acid on carbonate of lime; and to prevent the spasmodic closure of the glottis usually dependent on the attempted sudden inhalation of this gas, it was generated very slowly and in small quantities at a time. About one hour was thus consumed in bringing the animal fully under its influence. When taken out of the box, in which he had been confined, he was profoundly comatose; his body and limbs relaxed to flaccidity; respiration very slow, imperfect and labored; and a large quantity of frothy mucus and saliva was issuing from and filling his mouth. The asphyxia, though not so great as in the former test experiment, was sufficiently so to place life in a very precarious and highly dangerous condition, and excite just apprehensions of a speedily fatal termination. The injection of the nitrous-oxide water, in small quantities at a time, was now commenced, and continued rapidly



until about two pints had been thus introduced, when complete recovery somewhat suddenly resulted, and in the short space of six (6) minutes of time, though animation had been gradually increasing from the commencement of the injections. The recovery was so perfect, and the activity and vigor so great, that he was immediately capable of vaulting and did vault out of a window, the sill of which was about twice as high as himself, being directed so to do from the manifest disposition to evacuate the bowels, the desire for which, immediately after recovery, was generally active in these experiments, though the passage was usually also involuntary during the production and existence of the asphyxia. Another frequent concomitant of re-animation was emesis. In less than twelve (12) minutes he had returned into the room in the same way (the distance from the ground to the window being still greater, and sufficient to require a somewhat unusual effort of a vigorous dog to successfully accomplish), and was eating as voraciously and heartily as if he had been deprived of food for a considerable period, and had never been, and especially so recently, in such an exceedingly critical condition.

**EXPT. VII. Comparative—Carbonic Acid.**—The same dog was again, on the following day, for a similar period of time exposed to the poisonous vapor of this gas, and insensibility produced, with the usual accompaniments of frothy saliva from the mouth, &c. The asphyxia was not, however, so complete as in the former instance, in consequence of the exhaustion of the material for generation of the acid, and the indisposition to urge it to the same extent. On removal and exposure to the sole influence of the atmospheric air, recovery gradually ensued, but consciousness was not apparent till the expiration of eight (8) minutes, and no general voluntary effort was made till the lapse of about twelve (12) minutes, when he regained the upright position. Locomotion was, however, very languidly performed, nor even during the remainder of the evening did he exhibit any of that animation, activity and vigor immediately displayed by him on the previous evening when the nitrous-oxide water was administered. The character of the respiratory efforts during and after recovery was also strikingly dissimilar in the two experiments. In the preceding one, in which the antidotal agent had been employed, there was no perceptible increase in rapidity, but the gradually returning, gentle and natural action peculiar to a due arterialization of the blood, which had thus been already seemingly effected by the introduction of the protoxide of nitrogen. In the latter, however, the deficiency of the atmospheric stimulus and elements, and the desire and necessity for them, were energetically manifested by the active and forcible panting and rapid respiration which were continued for some time, until this deficiency was supplied and the equilibrium restored; thus proving most conclusively in the one case, that the sanguinary chemical equilibrium had been previously artificially re-induced; and, in the other, that it was so much in abeyance in consequence of the deleterious exposure, and the deprivation and absence of the atmospheric constituents, as to require a rapid acceleration of the function of respiration to restore it, by speedily supplying them. Another feature in the latter case was, that, instead of purging, recovery was attended with vomiting.

This was probably in consequence of the diversion and concentration of the vital energy on the bowels by the injections in the former, while, from the absence of such extraneous influences in the latter, and more in accordance with the usual course, the excitability was first re-established in the stomach.

**EXPT. VIII. *Hanging.***—Asphyxia was produced by strangulation from the suspension by the neck, taking care to avoid the organic lesion usually induced by the sudden forcible succussion of the neck from the falling of the body as in the ordinary process of hanging. This state of asphyxia unfortunately proceeded to a greater extent than was compatible with the existence and re-induction of animation, and death resulted. The time of suspension was about nine minutes.

**EXPT. IX. *Comparative—Hanging.***—The animal in this case was suspended by the neck in all eleven (11) minutes, though not continuously, the loss of the other dog causing more care to be exercised; hence when the cardiac action began to subside too rapidly, experience teaching us that it would fail very suddenly, he was relieved to ascertain the character of the respiratory effort. At the time above specified, the indications of insensibility (subsidence of the heart's action and diminished power of respiration) appearing to be sufficiently strong, he was liberated, but on the removal of the rope respiration was so immediate and perfect that I concluded not to administer the nitrous-oxide water, but to make this the comparative experiment. Consciousness returned very speedily (in about two (2) minutes), but no great or general voluntary effort was successful till the lapse of nine (9) minutes, when he succeeded in getting upon his feet and had recovered sufficient power to walk about, yet very languidly. This debility and lassitude continued during the evening, as he evinced no desire for voluntary locomotive effort, but remained quietly reposing in a recumbent position. Before the experiment, however, he was remarkably vivacious and playful. Recovery was attended with the usual rapid and forcible respiratory efforts to speedily renew the due proportion of the atmospheric elements and equalize the chemical condition of the blood; also for some time subsequently with strong sonorous respiratory sounds.

**EXPT. X. *Hanging.***—The same dog was again, on the succeeding evening, suspended by the neck for twenty-two (22) minutes in all, relieving him occasionally as before to determine whether sufficient vital energy remained to renew respiratory action. The temporary relief thus afforded does not, however, militate against the general result, but rather strengthens it, as this process more permanently and effectually debilitated the vis vitæ and proportionately destroyed the subsequent chances of recovery. By comparison these intervals were not more frequent than the former, and the whole time of suspension was twice as great. When the animal was finally liberated, innervation was abolished, respiration entirely suspended, and the heart's action imperceptible. In fact, these principal functions were so completely in abeyance as to simulate if not actually constitute that condition termed death. Under these unfavorable circumstances, the injection of the nitrous-oxide water was commenced, and after a moment of great doubt and uncertainty, to my surprise and



gratification, the heart, as if from a sudden impulse, resumed its action by a somewhat decided though labored effort, the impression of which was obvious to the eye by the succussion and tremulous motion communicated to the thoracic parietes. Immediately following the cardiac action, respiration was re-established, but somewhat peculiarly, appearing to be dependent solely upon, and limited to, the movements of the diaphragm, as the thoracic parietes were fixed and quiescent while the abdominal region was in lively activity. The medulla oblongata and other nervous centres were, however, soon fully aroused and influenced as the respiratory efforts speedily became more general, vigorous and prolonged, similar to, though not so powerful as those exhibited in the test experiment with nitrous oxide and consequent recovery from carburetted hydrogen. Consciousness was not so immediately manifested as in the preceding comparative experiment, yet general voluntary power was much more rapidly, suddenly and perfectly acquired, as the animal was able to, and did recover the upright position, and made active locomotive efforts in five (5) minutes of time, while in the former he could not succeed in these efforts, and then but feebly, till the expiration of nine (9) minutes. Again, in a few minutes after recovery he ran to and actively vaulted into his box (an ordinary packing box), the sides of which were higher than himself; an effort he totally failed to accomplish after repeated languid attempts on the evening previous. Another striking difference from the former, was presented in the entire absence of that subsequent panting, rapid, forced and sonorous respiration, indicative of the necessity and instinctive desire for the atmospheric constituents; the respiration in this instance immediately subsiding into and resuming its natural character on the discontinuance of the injections. There was not immediately on recovery that vivacity and vigor which was so strongly exhibited in the previous experiment with, and artificial resuscitation from, the influence of chloroform, but a somewhat similar disposition to dulness as in the preceding. This was, however, of temporary duration, as in a brief period he was again quite active and lively, though not so much so as before the experiment.

**EXPT. XI. Drowning.**—The dog was immersed in water for about three minutes, which unfortunately produced too decided asphyxiation and necessarily consequent death. There are good reasons for believing, however, that extraneous influences were in some measure operative in the production of this result, as the water was exceedingly cold, thus destroying more effectually excitability, and the absence of our usual assistance prevented the immediate and rapid supply of the nitrous-oxide water, hence it could not be exhibited sufficiently early and in proper quantities to insure success.

**EXPT. XII. Drowning.**—As before stated, believing that the previous fatal result supervened to some extent in consequence of the deficiency and too late administration of the nitrous-oxide water, this experiment was repeated, and although the animal was immersed but about *one* minute, asphyxia was so complete as to render abortive the usual efforts at resuscitation. The only explanation which appears at all reasonable for the powerful depression and sudden fatality in these two

experiments, is that the coldness of the liquid, in which the animal was immersed (the experiments being performed at that season of the year in which this liquid is at a very low temperature), connected with, though somewhat independent of, the asphyxia from the privation of air, produced such a sudden prostration or exhaustion of the vital energies from the shock (analogous to that from lightning, blow on epigastrium, &c.) on the peripheral extremities of the afferent nerves and thence communicated to the nervous centres, as to destroy so immediately and effectually all the vital excitability necessary to the continuance and restoration of life action, that no means or influence, however powerful, could arouse or induce sufficient energy to preserve the existence of the organic operations. Notwithstanding this explanation, it may be supposed, from the apparent deficiency of its influence in this form and in these cases, that the nitrous oxide is not applicable to such conditions; but it is believed that further experimentation will demonstrate its utility in this as well as in the other instances, and particularly if introduced in its gaseous form through the lungs, especially as in the process of drowning the exhaustion of the vital excitability is not usually so positive or immediate, its complete destruction or death generally being more gradual.

**EXPT. XIII. *Hydrocyanic Acid.***—In this case f 3 ss. of the official prussic acid was poured down the dog's throat. Evidences of its effects were speedily presented by the failure of voluntary power, convulsive action and insensibility, during the inception of which vomiting was induced, and notwithstanding the supposed relief which this act of ejection would afford, the animal continued gradually sinking, and at the expiration of five minutes, conceiving that the effects were sufficiently strong, the injections of the nitrous-oxide water were commenced and continued till about two and a half or three pints (Oijss. or iij.) were thus administered. After eleven (11) minutes from the introduction of the poison, and six (6) minutes from the commencement of the injections, consciousness was apparent, and about two or three minutes subsequently voluntary power began to return, but not fully until the expiration of about twenty-seven (27) minutes. This return was much more gradual than in the former test experiments, and accompanied with partial stupor and dulness, and inefficient or irregular muscular efforts and movements similar to those displayed under the influence of alcohol. In about three quarters of an hour, however, the cerebral and nervous centres and energies were more fully relieved and aroused, and shortly after, in less than an hour, the animal appeared to be as lively and active as before the experiment, eating freely and greedily.

**EXPT. XIV. *Comparative—Hydrocyanic Acid.***—On the following day the same quantity was administered to the same dog, with the production of similar effects, though not so rapidly or strongly manifested. In three minutes he vomited freely, and much more so than in the previous experiment, having had in his stomach, from the evidence thus presented, a very large quantity of ingesta, that ejected being twice or thrice as great as before. From this time improvement began, and in twelve (12) minutes there was speedy recovery.

**EXPT. XV. *Compt. Hydrocyanic Acid.***—Thinking that probably the



quantity of ingesta and the perfect ejection of the poison prevented its effects from being more strongly experienced, the same experiment, twenty-four hours subsequently, was again repeated ; but notwithstanding the vomited matter was much less in quantity, the poisonous effects were still less apparent than before, as the animal did not lose his consciousness at all, and very little of, and for a very brief period, his power of voluntary motion.

EXPT. XVI. *The Same.*—Still conceiving that there might be some source of error in the deterioration of the acid, rather than that the dog had become so speedily accustomed to its influence, though suspecting this might be the true cause, nearly forty-eight hours were permitted to elapse before another attempt was made, when having procured some fresh acid, the same quantity was again administered, but without the slightest apparent effect of any kind. This proved most conclusively that the rapid depreciation of its effects was dependent on the increased power of the system to protect itself against this virulently poisonous agent. Dogs thus appear to become rapidly accustomed to the influence of this, and probably also all similar agents. In a practical point of view this is of some importance with respect to experiments upon them. This fact also renders the evidence afforded by the rapid recoveries in the test experiments stronger than before, as all the comparatives with these agents were secondary. Hence it is presumable that the differences were not so strongly marked as they would have otherwise been, particularly as in all of the latter the prospects for recovery, and that speedily, were much more favorable in consequence of the asphyxiation being much less than in those in which the nitrous oxide was administered.

EXPT. XVII. *Aconite.*—In this case f3 ss. of the concentrated tincture of aconite was administered to a dog, which gradually exerted its influence on the system, especially on the stomach, vomiting being induced in nine minutes, with subsequently frequent efforts at such, attended with a somewhat copious discharge of white frothy liquid like saliva. In half an hour the animal was so fully under the poisonous influence as to be insensible and incapable of any movement, lying quietly on his side. Respiration soon ceased, but the heart was still beating, though very feebly and rapidly, and he was evidently *in articulo mortis*. At this time and in this condition of things, the injections of the nitrous-oxide water were commenced, and during the introduction of about one pint and a half (Oiss), respiration became established and the heart's action more decided and regular ; and after the expiration of three (3) minutes consciousness was apparent, and was manifested by the wagging of the tail in response to our calls, not having yet recovered the power of moving any other part of his body. This state of improvement continued for a few minutes, when suddenly he extended his limbs and body, and sank back again into his former insensible and dangerous condition ; yet by the rapid injection of the nitrous-oxide water he was again brought out of this state and restored to consciousness, and so continued for a brief period, with every prospect of ultimate recovery. But he soon relapsed, and was again revived by the injections of the surcharged liquid. Such strong prospects were presented in favor of his complete and ultimate recovery, that strict attention to his condition was temporarily

withdrawn (former experience having taught us that after the re-establishment of respiration and consciousness, perfect recovery was very speedy and certain), when he sunk so deeply and permanently that all efforts at resuscitation failed, and life was destroyed.

Several other experiments, with similar agents, as opium and empyreumatic oil of tobacco, were attempted, but in consequence of their ready rejection by emesis and the want of time to continue, we failed to get the animal sufficiently under the influence for the administration of the nitrous oxide; and, as before stated, circumstances at this stage caused the suspension of the investigation, and have since prevented its resumption and the previous presentation of the foregoing details. My intention is to resume these experiments, and also to review the preceding by the direct introduction into the circulation, through the lungs, of the gaseous protoxide of nitrogen; its influence in this form, thus exhibited, as is well known, being very powerful, and very rapidly manifested.

An objection to this mode of experimentation with water charged with this gas and thus introduced into the bowels, has been made under the erroneous view that a prominent source of fallacy or deception would arise from the stimulant effects of the water alone. To this I would answer, that the stimulant influence of this liquid is but transitory, and only stimulant when it is in momentary contact with vital surfaces, its prolonged application being powerfully sedative. Besides, the phenomena exhibited in recovery in the foregoing experiments, are in direct opposition to any such supposition, the character of the reëstablished respiration and the general recovery being entirely at variance with the hypothesis that they were excited or dependent upon the mere or exclusive stimulant influence of water or any other agent, the nitrous oxide acting both chemically and vitally. In fact, the difficulty in cases of poisoning from the more permanent narcotics, like aconite, opium, &c., is, that the antidotal influence must be continued for a proportional protracted period, and the use of the nitrous oxide in this form of combination with a liquid is on that account objectionable, the quantity of water being too great for prolonged administration, and not supplying a sufficiency of the active agent. The aqueous influence is, besides, directly in opposition to that of the agent desired, it being a powerful sedative when retained for any length of time in contact with the living surface, as it must be when thus introduced into the intestinal canal, the great proportion of the water introduced in these cases being retained, as the subsequent alvine evacuations are comparatively consistent and very much less in quantity than the liquid previously extracted. Again, when there is sufficient excitability still remaining in the system to be acted upon and promote recovery, it alone may destroy and prevent such by causing an undue concentration of the nervous and vital energy on the bowels, to the exclusion of the rest of the economy, to get rid of, or expel the extraneous agent therein existing; and in this way it may prove additionally injurious by robbing the great nervous centres, and destroying the general vital equilibrium sufficiently to retard, or entirely turn the scale against, and prevent the possibility of recovery.

Therefore this liquid, in this combination and in such cases, seems to



be not only objectionable but positively injurious, except as a medium, its active ingredient being obliged to overcome both the sedative and depressive effects of this and the other influences. Hence in cases of poisoning from the permanent narcotics, it will be preferable to use the gaseous nitrous oxide, and introduce it directly through the lungs; while in those cases of suspended animation from the same class of agents having but a temporary influence, and in other analogous conditions from the privation of air, &c., the surcharged liquid would be applicable; and as shown in the preceding details, generally sufficiently powerful to induce and insure recovery notwithstanding the sedation and vital diversion produced by the liquid. In all cases, however, the former would be preferable; but as the nitrous oxide in its gaseous form is not so conveniently obtained, the latter might be employed either exclusively, or till the former could be procured.

In consideration of these facts, therefore, the following conclusions seem justifiable—viz.:

Firstly, That nitrous oxide or protoxide of nitrogen is a powerful and direct arterial, nervous and cerebral stimulant.

Secondly, That it exerts a direct chemical influence on the blood, by supplying the essential elements for the arterialization of that fluid, and to a certain extent by inducing that process, thus producing in it similar changes to those effected by the atmospheric air, as proved by the effect on, and character of the reestablished respiration.

Thirdly, That it is in these various modes antidotal to the effects of certain narcotizing agents.

Fourthly, That where vital excitability is not completely destroyed, this remedy has the power of sustaining and increasing it rapidly, and sufficiently to preserve life in numerous instances in which it would otherwise be destroyed.

Fifthly, That it will reestablish life action even after all the usual evidences of its existence have failed, such as innervation, respiration and circulation; provided, firstly, that the muscular contractility, or vis insita of the heart and other tissues is not lost; secondly, that the blood has not coagulated or deteriorated to such an extent as to be insusceptible of arterialization and revivification; thirdly, that there is no organic lesion of any vital part sufficient of itself to prevent recovery; and fourthly, that innervation is still susceptible of reexcitation.

In conclusion, I will state that in my last paper on the therapeutic applications of this agent in the form of surcharged liquid more especially, I inadvertently omitted to mention a peculiarity in its physiological action, which, however, might be anticipated from its influence over the contiguous renal apparatus, viz., its stimulant effect on the generative organs, thus operating as an aphrodisiac. This effect, like its diuretic, is not, however, constant or universal; yet, nevertheless, its application may prove useful in atonic states of this apparatus. With respect to its favorable therapeutic influences and applications, therein detailed, I have no reason to change my views, further experience and reflection only confirming still more strongly all former observations and impressions.

*Philadelphia, Nov. 5th, 1852.*

## PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Concluded from page 369.]

THERE is diversity of opinion in regard to the methods adopted by Prof. Simpson in the treatment of uterine displacements, and diseases. By some, they are condemned, probably without trial—by others, warmly recommended, and fairly used. By some we are told that such diseases wear out by time, or the patient at length comes to tolerate what she has long suffered; and if the displacement remain, its symptoms may disappear, and this, with all sorts of treatment, or in the abandonment of treatment altogether. This spontaneous recovery, however, will not be always waited for. Treatment will be demanded, and treatment procured. The current amount of professional faith in itself, and its means, will settle, as it is now daily doing, whether regularly-bred physicians shall have the management of grave, and most distressing diseases, or whether they shall pass into the hands of others, whose faith exceeds their knowledge, and whose promises of cure may have an effect in the recoveries attributed to their ministries. In Prof. Simpson's methods in Europe there is confidence. He has for his friends in Scotland, Ireland, England, the support of some of the best men who have devoted themselves to the study and treatment of female complaints. He went within the year to Ireland with his friend, the celebrated Retzius, of Sweden, who passed with him part of the summer. He was welcomed to Dublin by the whole profession; and received its public hospitalities and honors, alike for his introduction of chloroform, and for his methods of treating uterine diseases. It is not difficult to explain how some methods may fail in the hands of those who are unacquainted with their use. They are mechanical—surgical, and skill can only come of experience. I was daily struck with the entire facility with which Dr. Simpson did his various operations. He has acquired skill by practice. Very, very little pain was ever complained of by the patients. He is very quiet, gentle in his manipulations, and is the object of the deepest interest and regard of those he serves. I have heard originality denied to him; and the proof was found in instruments longer in use than his own. For instance, the stem pessary of Boston was earlier than his, it is said. But this instrument has the stem on the *outside of the vagina*, and is only used to give points of attachment to straps to keep the instrument in place. In Prof. Simpson's instrument, the stem is passed *into the uterus*, reducing the dislocations which may have taken place in the organ itself, and restoring it to its true place in the pelvis if displaced; an agency which is not within the compass of any preceding pessary within my knowledge.

*Ovarian Dropsy.*—Among other surgical operations which I had an opportunity to witness in Edinburgh, was one for ovarian dropsy. This patient had presented herself at Professor Simpson's clinique, where I had seen her some days before. Mr. Goodsir did the operation. It was done to relieve her of great present distress—to discover the state of the abdominal viscera—to learn what was the condition of the sac as to adhesions—if there were more than one sac—if any induration existed—if



the tumor were moveable, &c. &c. The simplicity of the arrangements for the operation interested me. At home, I had always seen the patient taken out of bed, and placed in a chair. A sheet is then carried round the abdomen, with an arrangement for drawing it, so as to compress the tumor as the water passed off. In Edinburgh, the patient was simply brought to the edge of the bed—a tub placed by its side. The trocar and canula are pushed into the sac, in a convenient place for the discharge of the fluid. The quantity was very large, and of an unusually dark color. After the ovary was emptied, and the canula had left the cyst which had contained the fluid, and so opened into the peritoneal cavity, a discharge of clear water at once took place, showing that along with the ovarian disease was ascites, an accident to the graver malady.

The patient was left very comfortable from the removal of her burden. I did not remain long enough in Edinburgh to learn the result of the case.

*Chloroform.*—This furnished a topic of much interest in Edinburgh. At breakfast, one morning, Prof. Simpson met me with these tidings from America. “Prof. C., the Boston Journal says that three more cases of death from chloroform have recently occurred in your country.” I now asked again if he had met with any untoward results from its use in his own practice—with any thing which had produced in his mind the least doubt as to its entire safety. He said, no—he had not met with any accident from the use of chloroform. I knew Prof. S. introduced chloroform into the practice of midwifery, and of surgery, and that it might be said that such a relation to it would bias his opinions concerning it. I therefore looked for its use elsewhere, in the hands of others. The same answer came. Here were patients undergoing surgical operations; and chloroform, in its fullest use, in these, was found to be as safe as elsewhere. It was my privilege to see it used in midwifery, and it was as manageable as any other medicinal agent of real power, in any employment of it. There was one application of it, which seemed to me as much of a test-trial as well could be. This was its employment to produce insensibility in painful diseases, and as a means of diagnosis. I say a test or trial use, and for this reason. In the surgical cases which have been fatal under the use of chloroform, it has been employed to produce insensibility as a *preparation* for operations. It has not been when employed in the *midst of operations*, and to *continue* insensibility during the progress of the knife, that it has been fatal, but when used as a *preparation*, and especially in cases of slight surgical interest. It has never been fatal in midwifery, and the explanation is, that in these long-continued cases of suffering such a condition of nervous power is produced as to modify the action of chloroform. But in its use for diagnosis, such condition has probably been but partially produced, and still, in these, chloroform was perfectly safe. It was suggested that the occasional mortality after the use of chloroform may be owing to its impurity. I called, with Prof. Simpson, on Messrs. Duncan, Flockhart & Co., and examined their chloroform, and compared it with other specimens obtained from other chemists and druggists. The process was a very simple one, and though it showed a difference among kinds, it did not teach on what the difference depended. The process consisted in dropping a little chloro-

form on the back of the hand, and when the part was dry it was smelled to. No smell remained after the trial with Duncan & Co.'s. A disagreeable odor remained after another specimen was tested in the same way. Now though some impurity may exist in a specimen of chloroform, the question is not settled how far such would affect its medicinal use. I was assured that Duncan's chloroform was in extensive use in Edinburgh, and that no untoward results had marked its employment. Nor had such result, as far as I heard, followed the use of what seemed less pure chloroform. Messrs. Duncan & Co. told me that their weekly orders from London were between one and two hundred pounds of chloroform. Much more must be supplied by other manufacturers, for, as far as learned, this is the principal anæsthetic employed in Great Britain and on the Continent. Supposing impurity to have had no agency in producing the deaths which have followed the use of chloroform, we look to predisposition either of idiosyncrasy, or other, if such exist, and which may involve the same fatal results. The question which arises here is quite as difficult to answer as that which impurity of the article may suggest. In other words, we may know as little of one as the other, and the concurrence of both may be as little understood. We must then take the facts as they are, and each decide for himself what his course concerning anæsthetics shall be. I have brought with me a specimen of Edinburgh chloroform. One of our best druggists has examined this, and expressed himself so entirely pleased with it that he means to order one hundred pounds of it from the house of Duncan & Co., in Edinburgh.

It is not my purpose to discuss the question of the comparative advantages and dangers of chloroform and sulphuric ether. I gathered abroad that chloroform is much employed. In England, it has been seriously and strongly condemned by some, while many use it. In Scotland, I did not hear the word *ether* uttered in this connection. With us there is a divided opinion against it. One or two employ chloric ether—a solution of ether in alcohol—a tincture of chloroform, the produce of distillation, and of simple mixture with alcohol, being precisely the same. Others say that this has its sole power in the chloroform, as the brandy and water dram has its main claim in the brandy; and we have one case narrated, and which occurred here, in which death took place almost immediately after the inhalation of chloric ether. Many here use chloroform altogether, and without any more distrust of its perfectly safe powers than the faculty in Edinburgh have. By far the greater number use sulphuric ether, and are entirely satisfied with it. It is effectual, say they, and safe. For myself, I mostly use ether. There are cases in which this fails; and it may be when an important operation in midwifery is to be done. In such, I substitute chloroform, and have never had cause to regret its employment. Since I returned from abroad, I have had consultations in difficult labor, and in one half, I have found the attendant using chloroform—in the other, ether; the results were alike excellent in both. The forceps was used in these, in a state of perfect unconsciousness, and both mothers and children have done alike well. There is not on record a case of death after chloroform in midwifery practice, and I have no reason to believe that unrecorded cases have happened. In sur-



gery, deaths have occurred. In these, death has followed the use of chloroform as a *preparation* for the operation. In midwifery, and medicine, its use is very much confined to advanced periods of the labor, or of the disease. In one complication of labor—convulsions—chloroform has acted as no other means known by me have. It has been more successfully used than has any or all other remedies. In my book on etherization in child-birth, p. 307, are ten cases of puerperal convulsions in which anæsthetics were used. Of these, six of the women did well, and three children were born alive. In another table, p. 330, are seven cases of puerperal convulsions, in which etherization was not used. Of these, six women died, and only one child was born alive. Now these are not picked cases. They occurred in the same year as did those in the other table in which etherization by chloroform was used. They are too many to be resolved into coincidences, and my latest observations of puerperal convulsions, furnish new evidence of the safety and importance of the use of chloroform in this disease. The latest trials of it have exceeded in interest the preceding ones. For in some of these, chloroform has been employed *at the very beginning* of the attack, and before any other means have been used, as bleeding, &c., and with the happiest results. In some of my latest cases, before I saw the patient, most faithful medication had been tried, and where the case seemed utterly hopeless. Chloroform has been curative. My friend, Dr. Crane, of East Boston, will recollect cases of this kind, apparently utterly hopeless, in which the immediate result of its use was permanent suspension of the fits, and rapid recovery. I am very glad of an opportunity to give this direct and strong statement of the whole good agency of chloroform in this fatal malady; and I believe I may recommend it to others on an amount of testimony on which they may rely, without going into the evidence. I will say, that chloroform in these cases has been far more, and immediately useful, than has sulphuric ether. I have seen the two tried, fairly tried, and am sure of what I say. In the convulsions of children, chloroform has also been useful. I have tried the old, the stereotyped plan—bleeding, bathing, vomiting, purging—faithfully tried, and have known the fits steadily to go on. Under advice or consultation this treatment has been continued, and in vain. I have known fully the beneficial effects of chloroform in these cases. I have been informed of cases in which chloroform has been used in the *first instance* in fits of children, and of its good effects in such exclusive use of it. In the progress of a case of diseased brain, in a child three or four years old, and in which effusion was believed to exist, convulsion became a most distressing complication. The mother, advanced in pregnancy—looking daily for labor, asked if some means could not be used to diminish such constant and terrible expressions of suffering. *Sulphuric ether* was tried in this case. The convulsions were lessened in frequency, and soon ceased. This child recovered. In the use of such an agent as chloroform in such cases, the greatest care should be observed. Sponge should never be used for applying it. *I never saw sponge used abroad.* A bit of cloth, folded on a handkerchief as taken from the drawer, is always used. Very little is poured, or, better, *dropped* upon its centre, and the

cloth is always so held as to allow a due mixture of atmospheric air with the chloroform vapor. As soon as its effects are perceived, the handkerchief is removed. Unless such, and all other needed cautions are used, it is not to be wondered at that untoward, even fatal results should be produced.

I have spoken of the use of chloroform in Europe, as I saw it used and heard it spoken of. I have alluded to the general confidence in its safety, and of the questions which now and then arise there concerning this important point in the employment of this active medicinal agent. While writing I have received Rev. Dr. Parker's Report of his Hospital in Canton, China, for 1850 and 1851, and this pamphlet from a distant land has a word concerning chloroform. In 17 surgical operations—9 for stone, and 8 for the removal of tumors, some of enormous size—chloroform was used, producing entire insensibility, and without any untoward occurrence. No such occurrence is alluded to in the pamphlet, which considering its source, is the best evidence that such has not been met with in Canton. I state the grave character of the operations, the length of time required, and but for chloroform, the exquisite suffering. I refer to this especially, because most of the mortality after its use elsewhere has occurred when it has been employed as a *preparation* for the most trifling operations in surgery, when the general health was good, or had not been impaired, nor the nervous impressibility lessened by preceding disease and suffering. I mention this Report, not merely to allude to the important professional facts it contains, but to express my grateful sense of Dr. Parker's kindness in sending it to me. Rev. Dr. Parker is at the head of the Canton Hospital, which in 1850 received 4712 patients, and in 1851, 4103, about one half of which were for diseases of the eye. Dr. Parker treats all cases without fee, whether in or out of the Hospital, and whether poor or rich, and with extraordinary success. He is training native pupils for the same service, and this, too, with encouraging success. In this way he has secured an interest in his missionary labors which is very striking. The evidence is in the letters of thanks of those he has cured, and which are in this Report. You see how these converts love him, with what deep reverence they allude to the sacred writings which he is unfolding and explaining to them, and you cannot withhold from him your admiration, your interest in the success of his extraordinary labors. The quantity of chloroform used by Dr. Parker, was small, sometimes half a drachm only, at others two or three drachms.

I have stated above what I saw done with chloroform in Edinburgh, and what is recorded of it in Canton, how common its use, and how safe has been its employment in those cities. But it is as well known that death elsewhere has followed its inhalation, in too many cases (between thirty and forty), and too soon after its exhibition to leave any doubt that it was the cause of those deaths. This fact in the history of chloroform has induced many medical men to abandon its use entirely in any of its forms, and has confined its employment by others to few and rare cases.

*Sulphuric Ether.*—The anæsthetic effects of this substance were dis-



covered and demonstrated in America, in Boston, by a wide and universally safe use. With many it has recently replaced chloroform, and to the entire satisfaction of the best medical observers. I have above alluded to my own use of chloroform. I have published between one and two hundred cases of its safe inhalation in labor. I say the same thing again; and add, too, that among the deaths after its use in Europe and America, not a single one has occurred in obstetric practice. It is a highly interesting fact that chloroform has been most frequently followed by death in cases of minor surgery, and as a *preparation* for trifling as well as important operations. But of this I have already spoken.

Now in this view of our subject, may I not ask why we do not, and why should we not, rather confine ourselves to the use of *sulphuric ether*, which is perfectly safe—which I have seen used in wasteful profusion, and always without the least harm, than to employ chloroform, which has been followed by the gravest results, the causes of which are wrapt in such impenetrable mystery as to make it impossible for us to make any calculations concerning them? I have said that cases may arise in which sulphuric ether may fail, and in which chloroform has been successfully used. In such it may be used still.

MANCHESTER, ENGLAND. — My latest days abroad were passed in Lancashire, the great manufacturing capital of which is Manchester. It contains towards half a million of people, and the laboring population of the two millions of the shire are daily and hourly working for Manchester. What the amount of this labor is, you learn from the enormous warehouses—the mills, and the crowded Exchange which can accommodate three thousand, but which must be enlarged to meet the daily increasing demand. This noble city was to me a place of deep interest. What had been done and what was doing, for so many men and so many women congregated for work—yes, to devote their lives to useful labor—to labor, the products of which were to make an important part of that supply which the world's want demands? I answer that every arrangement has been made or is in progress for the intellectual and moral culture and the physical health and comfort of this most important order in any and all communities. I have no room here for detail. But the proof was everywhere—in libraries, schools, reading-rooms, parks, walks, model houses, washing establishments, hospitals, &c. &c. I was delighted to wander about such a city, and to learn what were existing arrangements for most important interests. I do not say that the whole demand is supplied; but I can say that hearts, and minds, and hands are at work here to do what may be done to meet so wide a demand.

Professor Simpson kindly gave me letters to Dr. Clay, and to Dr. Reid, of Manchester; and a correspondence of many years, and the interchange of professional and literary works, had for a long time made me acquainted with Mr. Surgeon Robertson, one of the ablest medical writers of the day. Professional engagements out of the city prevented my seeing Dr. Reid, and so my time came to be divided between Dr. Clay and Mr. Robertson. The hospitality of both those gentlemen I shall not forget. With Mr. Robertson I had my home.

With Dr. Clay I passed many hours in his carriage, in his study, at his

table. He showed me some of the public works to which I have alluded, especially those devoted to the highest culture of the operative. He has been a laborer, and a successful one, for his profession. "The British Record of Obstetric Medicine, Surgery, and Diseases of Women and Children, &c. &c., to which is annexed a Library of rare Obstetrical, Medical, and Surgical Monographs, &c." is among the works which he has contributed to medical literature. It was continued two years, and is as honorable to the author's industry, as it is useful to the profession. It did not receive that patronage which it richly deserved, and which was necessary to its continuance, and ceased with the completion of its second volume. I regard this as one of the most important additions to my library. Dr. Clay's library is rich in the rare and valuable in medicine. He showed me his treasures in this way, and most curious are they. He has copies of the earliest works in medicine, especially on midwifery, and in a variety of editions and languages—the history of medicine, in permanent, and trustworthy records. Dr. Clay will have a lasting and honored memory in his Operations for the Extirpation of Diseased Ovary by the large Incision, between Sept. 12, 1842, and Sept. 17, 1852, the day I left Manchester. The following is written on a fly-leaf of a copy of Dr. C.'s volume, containing his operations, which he gave me, and which was published in 1842.

*"Manchester, September 17th, 1852.—*Since the publication of the first forty cases (annexed), I have operated fifteen times, four of which have died, and eleven recovered, making a total of fifty cases, of which eighteen died.  
*CHARLES CLAY, M.D."*

The comparative success of Dr. Clay's operations, I am not able to estimate, as I have not at hand the operations of others with which to make the comparison. In his large experience in this way, he has had under his care the great variety of forms under which chronic diseases of the ovaries show themselves. He has operated on the least promising; and when his diagnosis, made with all care, has been amended, or set aside by the revelations of the operation, he has nevertheless gone steadily on, except in one remarkable case, in which it was clear that such was the extent and whole size of the base of the tumor, as to make it sure that to have cut through it must have produced fatal hemorrhage. Dr. Clay has operated against a weight of professional opinion, heavy enough to have discouraged any man. Some may think that it would have been better not to have referred to this in his report of cases. But is not the general value of his diagnosis and that of his operations always increased, by that opinion which asserted beforehand their dangers, and afterwards that they were unnecessary? I have now Dr. Clay's work on this subject, and cheerfully express my admiration at what he attempted, and my exceeding pleasure at his success.

My last day abroad was spent in Liverpool. I had little time for explorations here; and contented myself with a drive with a friend over this great city—visiting its docks, and various other arrangements, for so much of the commerce of the world; and next morning, in the good Steamer Canada, with excellent Captain Laing for master—and with



one hundred and forty-one other passengers, and with one hundred and seven steamers in company, begun my return voyage home.

I remain very truly yours, W. CHANNING.  
*Boston, Oct. 25th, 1852.*

### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.  
 Boston, and communicated for the *Boston Medical and Surgical Journal*.

#### TWELFTH LETTER.

MY DEAR FRIEND,—Does there exist any real difference between the natural and the artificial contagion? This is the subject of our conference.

The observation and rigorous analysis of facts demonstrate to those who do not suffer themselves to be led away either by prejudice, or by preconceived ideas, that the contagion of syphilis, under whatever circumstance it may operate, is reduced in the final analysis to a process of inoculation more or less analogous to the process by the lancet. The lancet, in fact, inoculates the accident (the chancre) which by the confession of all is the most fatally contagious. It is by this accident, by the chancre, according to observations well made and *collected in the proper time*, that syphilis commences.

Laying aside artificial inoculation, the chancre is seen to develop itself everywhere upon the surface of the body without choice of seat, and upon all the external or internal integument, which is accessible, and by consequence, without there being need either for the parts which are infected, or for those which furnish the infecting matter, of special functions or of any particular physiological condition. Other conditions are necessary for contagion.

Examine with care all the parts which are affected, you will find that it is those which present the most favorable conditions for mechanical lesions, for scratches, for lacerations, and for solutions of continuity of every kind; you will find, also, that it is there where voluminous and numerous follicles exist into which the virulent matter can introduce itself, that the accident is by preference developed.

Is it not true that in the male it is more particularly the border of the prepuce, especially when there is a phymosis more or less pronounced, the neighborhood of the frænum, the adherent points of the semi-mucous surface of the gland and of the prepuce, points which not having the suppleness of other regions are more easily torn, that by preference become infected by the contagion; in the female the fourchette, the points of insertion of the nymphæ, the carunculæ myrtiformes, are the parts which most easily take on the contagion. In the other regions, is it not true that it is when excoriations exist that the contagion is established? Thus, an excoriation upon the finger is often the door where syphilis can enter. But the presence of an excoriation is absolutely indispensable. If it was otherwise, should I ever go out of the hospital without having a chancre at the end of each of my ten fingers? The chancre often appears upon the lips, but the lips are almost always cracked;

pleasure excites the smile, and smiling extends and dilates the lips. The nipples of nurses are often the seat of chancre, but these parts are ordinarily cracked and torn. The chancre seats itself everywhere where there has been a cicatrice, but there also there is a loss of suppleness, and consequently cracks and lacerations are easy.

In all this, my friend, you see nothing which is, as they say, physiological, which exacts special vital conditions, a particular state of organism and the exercise of any function whatsoever. All this, for you, as for myself, is reduced to a traumatic and mechanical phenomenon.

Practice, that criterion of all doctrines, justifies, alas too often, my doctrine. Nothing is more common than to see the physiological act of generation rest indemnified from every unhappy consequence, while other acts which have nothing in them physiological, draw after them painful results. The genital organs, the seat so special of syphilitic affections, do not always take the infection from genital organs. It is not always the genital act properly called, which becomes the infecting cause. Coitus does not become an infecting act unless certain material circumstances come into play. Among the innumerable examples which I could cite for the support of my opinion, I ask permission to cite to you two, which have struck me more, inasmuch as they presented themselves to me suddenly upon the same day. There is no physician who does not know that there are some singular days, when curious facts arrive as if in series.

A gentleman brought me one day his mistress, whom he had infected, and in a manner which much astonished him. He had upon the penis a primary ulcer at the period of specific progress. He had had normal intercourse with his mistress, and in the same night intercourse more to be blamed, *à prepostera venere*. The lawful intercourse had been much more frequent than the other. The woman presented absolutely nothing suspicious upon the genital organs, but she had a chancre on the anus. What did this mean? That the physiological and natural passages had yielded without laceration, and had escaped contagion, while the abnormal passages, more resisting, were torn and became infected.

Here is another couple. Here, again, is a contest between a physiological act, and a prelude which does not belong to the human species, a prelude which is not at least placed among the genital functions of man. A gentleman surprised at seeing a suspicious bud pushing forth upon one of his lips (bud without a flower, as Jean Lemaire would have called it), without any disease of the genital organs, comes to ask me to examine the woman with whom he had had intercourse. I found upon this woman a chancre at the specific period, situated in the neighborhood of the meatus urinarius. This gentleman had had rather frequent sexual intercourse with this woman during the same night, during which he had gone astray so far as to sadly expose his lips. It is necessary to add that this gentleman was very subject to chapped lips, and that all this passed in winter.

These facts, which I could multiply, prove that the physiological conditions of the genital act go for nothing in the contagion of syphilis. Thus, the doctrine of physiologism finishes upon this point by falling



to the ground. Be well convinced, that in spite of the most intimate contact, of the most complete fusion, and of the orgasm the most voluptuous, with an entire skin and an irreproachable mucous surface, one can escape safe and sound from the most exposed intercourse. Be assured, on the contrary, that a portion of skin torn, a mucous surface chafed, will render the slightest intercourse dangerous, and we physicians have a thousand precautions to take in this respect, and certainly our examinations are strict. We know, however, that the medical corps has furnished victims to the martyrology of syphilis, and that it was in the beneficent exercise of our art that the unfortunate Hourmann, and Delavacherie of Liège, found a death tediously frightful.

After what I have just told you, what can you think of the pretended physiological inoculation of my colleague M. Vidal, as regards blennorrhagia? You know when and how this latter is really inoculated by the lancet. It is then, and only then, when it proceeds from a chancre, and it is the rarest case, as M. Vidal agrees with me. But in other conditions in which blennorrhagia is produced, is there, physiologically and pathologically speaking, anything which resembles the contagion of chancre? Do we even always know, as I have said, till tried, if the blennorrhagia is always due to a veritable contagion? And yet this condition of contagion has been considered as a proof of virulence, as a sort of physiological inoculation, which the lancet cannot produce. Hear M. Baumès—it would seem that the successive contagions of blennorrhagia were his means of diagnosis, without telling us, nevertheless, how many times blennorrhagia ought to be produced in order to be virulent. Thus one takes a blennorrhagia, he gives it to another, where commences the virulence? M. Baumès does not say. Suppose that a woman is suspected of having contracted a discharge from a suspicious man—if we should wish to assure ourselves upon the nature of the discharge of this woman, it would be necessary to hold an inquest, to run after the different sources of the blennorrhagia of the man, and to pursue it, going back even to the gonorrhœal flux of the Bible. Yes, but we should not have made one step in this inquiry, without finding ourselves in the presence of that most common difficulty, of two individuals having had commerce with the same woman, the one will have contracted a blennorrhagia, and the other not. For one, we should conclude upon the benignity of the blennorrhagia, and for the other upon its virulence. All this is not serious.

Facts and observation, then, do not indicate any difference, my friend, between the inoculation called physiological and the artificial. Let us now invoke analogy.

In every malady incontestably contagious we find that the traumatic conditions dominate, and that under ordinary circumstances art can repeat what nature does. Thus, the vaccine inoculated does not differ from ordinary vaccine. The variola inoculated does not differ from the spontaneous variola. Thus, with the glanders, the farcy, hydrophobia, malignant pustule, and hospital gangrene. This argument from analogy appears to me of incontestable value. Why should the syphilitic virus alone escape from the common rule?

But the chancre, it has been said, is not the only contagious syphilitic accident. There are some secondary syphilitic accidents for which the lancet has not yet discovered the *contagium*. Science, in fact, contains a great number of observations which appear conclusive for a very large number of physicians, and which leave some doubt in the minds of many others. The numerous tubercles, or condylomata, are considered by a very large number of writers upon syphilis as contagious, and by consequence can be transmitted.

When I have studied this accident by means of inoculation, considering well all the circumstances which could prevent error, the experiments have always been negative. However, other observers have obtained contrary results. I can only answer for this exception by stating the result of my own experience.

I inoculated with the pus of numerous tubercles coming from the neighborhood of the vulva of a young girl of Versailles, who entertained habitual intercourse with the garrison of the place, and I obtained a positive result. Much astonished, I examined with more care the surfaces from which I had taken the pus, and it was then easy for me to recognize that among the numerous tubercles, there existed a chancre still at the period of specific progress. Then, some new inoculations being made comparatively with the pus taken upon this ulceration, and with the matter of the mucous tubercles at a distance, the pus of the chancre gave the characteristic pustule, and the muco-purulent secretion of the mucous tubercles remained without result. This experiment appeared to me decisive.

In the observations which have been cited of mucous tubercles which have communicated syphilitic accidents—the period which has passed between the time of observing the patient and the infecting coitus has not been taken into account. It is always three weeks, a month, two months or even more after the contagion, that the patients present themselves to the physician, so that not only the real form of the commencement is wanting, but still it is impossible to determine the true nature of the accident which has been the source of the contagion. Some individuals forget, and others do not know, that by a succession of changes easy to observe, where one takes the pains, the primitive accident (the chancre) passes *in situ* from the state of an *organ* of virulence to the conditions of a secondary accident, not furnishing any more specific pus. Where are the observations of persons seen with mucous tubercles, who have transmitted the disease to another person which could be observed the second or third day after the infecting coitus, and in whom the disease has commenced as we see it commence after the contagion from a chancre? Does the disease in this case commence with the chancre, or with the mucous tubercle? There is not one single incontestable fact which can answer this question. The facts, however, do not fail as regards mucous tubercles. As to myself, I possess very numerous observations of well-characterized mucous tubercles upon men and women, which prove that the patients thus affected could indulge in frequent sexual intercourse without communicating any-



thing. Among all these facts here is one, my friend, which will remain deeply impressed in the minds of my readers, as it has in my own.

A gentleman whom I had attended for a chancre two years before, was about to marry. Before his marriage he came to see me again, in order to submit himself to a rigorous examination. I found him in the best state of health; he could be married without any scruples. However, this gentleman, a very strict man, exacted of me another examination the very evening of his marriage. I still found him perfectly exempt from every accident, and I delivered to him my bill of health as clean as possible. One month after, he sent for me. My dear doctor, he said, my wife has some large pimples upon her which trouble her very much. See what it can<sup>a</sup> be. Before passing into the chamber of the wife, I proceeded to a new examination of the husband. I found him in as healthy a state as the day of his nuptials.

But it was not the same with his wife. I found some confluent and well-developed mucous tubercles, so as to assure me that the point of departure of the accidents was anterior to the marriage.

Convinced that the husband had nothing to do with this sad affair, and that he could not communicate a disease he did not have, I said to the wife in a firm and decided tone—Madam, you are diseased, and it is not your husband that has rendered you so. If I become your confidant, I become also your accomplice; in the contrary case, I shall remain the physician of your husband. I was not long in obtaining a painful confession, which gave me the key to this unhappy enigma.

I recount to you this fact because it contains this which is interesting, viz., that since marriage the husband had not passed two days without having repeated intercourse with his wife, and notwithstanding, he had absolutely no disease.

I have not finished with the mucous tubercles; permit me to return to them in my next letter.

Yours, &c. RICORD.

## EXAMINATIONS OF DRUGS, MEDICINES AND CHEMICALS, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

A BOOK with the above title was published in the early part of this year, which I have had in possession for some time, but want of leisure or something else has prevented my examining, though I have seen several notices of it. It was got up by one of the government drug inspectors, favorably known to the profession as the translator of Stockhardt. To city practitioners, whose neighboring drug-stores will enable them to prescribe articles with the probability of being well served, the book may not be of great advantage. There are two classes, however, who cannot fail highly to appreciate its merits; the retail druggists, and those out of town physicians who are still obliged to carry the pocket-case and saddle-bag. It is not alone from the deception of the foreign manufacturer, that the people need protection. There is a great chance for adulteration by home manufacturers, and the name of a supposed responsible

house is not always a guarantee that a medicine is what it purports. This personal experience has shown to me. In looking over Dr. Pearce's book, I had marked a number of passages, that might be quoted and read more than once with advantage; such articles as refer to our most commonly used drugs; but before concluding the book, they became so numerous, that in doing so, I should quote more than half the book. The rules given are easily followed, and easily understood, even by those not very much versed in the science of chemistry. A practitioner who has the common apparatus for analyzing urine, milk and other secretions, has about all that is needed for satisfying himself of the state of purity of such medicines as he wishes to buy. One great advantage, that the habit of examining would produce, would be the check upon our home dealers, as every physician would become a drug inspector.

I believe that a notice of this kind may induce some more of our profession to follow this subject for themselves; if they begin to do so, they will find the occupation so agreeable, that they will not easily be persuaded to relinquish it.

EXAMINER.

#### SOUTHERN TYPHOID FEVER, QUININE, DR. FENNER, TYPHUS, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I noticed in your issue of the 10th inst. an editorial with reference to the arrest of typhoid fever by the use of quinine, under the abortive plan of Dr. Fenner. With all due deference to Dr. Fenner, as a gentleman of veracity and practical acumen, permit me to enter my protest against the validity, if not the utter impracticability, of the remedy, in easily cutting short typhoid disease of the South. In our estimation, Dr. Fenner has christened his remedy rightfully, "*abortive.*" We venture to assert, that no real unadulterated case of typhoid fever can be arrested by such medications. We observe in the South, a form of typhoid fever characterized by *intermissions*, in which the quinine goes most admirably, and will surely arrest; and it is upon these cases Dr. Fenner must have stumbled in his peregrinations in Mississippi. We have devoted considerable attention to the investigation of typhoid fever, we have done a heavy practice in that line, we have seen it in every imaginable phase, we have adopted all practicable and to us judicious plans of management, from sage tea and mercury down to quinine and pepper, and it is our deliberate opinion that *no plan of treatment, yet suggested, will cut short easily that peculiar affection.* This opinion is formed upon an enlarged experience, backed by numerous post-mortem results, and confirmed by the opinion of about seven-eighths of the southern physicians, particularly that class of them who do about two-thirds or more of southern practice, and see more cases in one season than many of our city medical men do in several—the *country practitioners*. We think we hazard nothing in saying, that in all the plans of treatment suggested in typhoid fever, there is no one upon which the southern profession are so generally united in opposition, as the quinine. It is a common opinion in some localities, and we have no question of its force, *that the extrava-*



*gant use of quinine has induced the affection in this climate to some extent.* The position is plausible, and we conceive susceptible of demonstrable maintenance. That there are various shades of the disease among us, no one denies, who has seen much of it; but upon the applicability of the quinine treatment, save in the form we mention, we are almost ajunit at the south. There are some, it is true, who deny the existence of the disease at all, but the number is small, and getting less daily. One man disavows its existence, and says it is "*ship fever*," and consequently we have none of it, for we have no "*ship fever*" in this inland country, nor will we ever have, we presume; but the idea of the non-existence of typhoid fever, because it is not identical with "*ship fever*," is the sheerest fallacy.

The existence of pure typhus south in the country, is a matter of great doubt with a large majority of medical men. We have never seen a case, and although our census report records cases of real typhus, we should question very much the truth of the report as to the existence of any such affection in our rural districts, and for reasons which are impregnable to our mind.

That real typhoid fever exists here, is clear and unquestionable; the specimens before us now in our office, would convince the most radical sceptic; and we believe the differences of development in the glands of Peyer and Brunner in the disease south, are quite as clear and conspicuous, over the northern forms of the disease, as the existence of the disease itself. As to its therapeutic management, we can only say it requires better care and less medicine, than any febrile disease we ever contended with, and we would be glad to see the man who could *cure or arrest* it.

SOUTHERNER.

#### SUDDEN CHANGE IN COLOR OF THE HAIR.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since I reported the case of Dr. Capen, he has directed my attention to one fact which I omitted to mention. In the progress of recovery, his hair, which before was very gray, and in places almost white, became quite dark, and even black in some spots, mingled with a few gray hairs.

Dr. Capen referred me to Dr. Wilson on diseases of the skin, page 377. "Dr. Bruley, a physician of Fontainebleau, communicated to the society of medicine at Paris, in the year 1798, the history of a woman sixty years of age, whose hair, naturally white and transparent as glass, became jet black four days before her death. She died of phthisis. Some of this hair was transmitted to the society, and was found to be quite black, with a few white hairs interspersed. On examination after death, Dr. Bruley found the bulbs of the black hairs of an immense size, and gorged with dark pigment. The roots of the white hairs which remained, were dried up, and two-thirds smaller in size than those of the black hair." In remarking upon this case, Dr. Bruley observes—"It is certain that disease may give rise to a change in a short period, that, ac-

cording to Haller, requires a long period to accomplish naturally." Second American edition—1847.

The case of Dr. Capen resembles in many particulars that reported by Wilson. Yet the Doctor has not yet condescended to allow us the privilege of a *post-mortem*, and we trust he will continue obstinate in this particular many years to come.

Dr. Copland, vol. 9, page 162, remarks that, "gray hair has in various instances been changed to black." It may, by a faithful application, morning and evening for three weeks, of the following formula, be restored to its natural color. In some cases, however, it requires a somewhat longer time. R. Sup. acet. plumb., ʒ ij; sulph. lac., ʒ j; aq. rosæ, ʒ iv. M. When applied it should be well rubbed in with a small sponge. The effect of its application is, first, to produce a vigorous action in the skin, attended by a slight itching. The hair at the first change becomes of a pale yellow, and from that gradually comes back to its natural color. If this application should be applied to alopecia partialis at its commencement, I believe in nine cases out of ten it would fully restore the hair, and it has as yet succeeded in every instance in restoring the hair to its normal state, by exciting the bulbs to a natural and healthy action.

ALANSON ABBE, M.D.

## MEDICA SACRA—EMBALMING OF THE DEAD.

BY DR. THEOPH. RUBINSOHN.

[Communicated for the Boston Medical and Surgical Journal.]

THE embalming of the dead may be traced back to the most ancient times of historic recollections. The end which was thought to be obtained by it, was the preservation of the bodily form of the corpse as long and as completely as possible, and to prevent it from putrefaction. Embalming was not only the custom among the Egyptians, but also among other nations of western Asia and northern Africa. The Grecian historians inform us that the Æthiopians, Persians and the Scythians understood the art of preventing decomposition of the dead [Herodotus, L. iii. c. 24; Strabo, L. xvi.; Josephus, Ant. Jud. L. xiv., c. 7). This custom we find also prevalent among the ancient Hebrews. But before we proceed to treat on this subject more fully, we make here the remark, that the statement in the New Testament (John xix., 39, 40) that "Nicodemus came and brought a mixture of myrrh and aloes, about a hundred pound weight, and took the body of Jesus, and wound it in linen clothes with the spices," does not refer to an actual embalming of the body of Jesus, but it was then the custom among the Jews, in imitation of the Romans, to anoint the dead with fragrant ointments, that the injurious odor of decomposed bodies should be removed.

The following passages from the Old Testament refer to actual embalmings. "And Joseph commanded his servants, the physicians, to embalm his father; and the physicians embalmed Israel. And forty days were fulfilled for him; for so are fulfilled the days of those which are embalmed."—(Genesis l., 2. 3.) "And Joseph died, being an hundred



and ten years old ; and they embalmed him, and he was put in a coffin in Egypt.”—(Gen. l., 26.) The sacred writings do not describe the manner in which the physicians embalmed the dead, nor the instruments that were used at this operation ; it is only stated that the operation was continued during forty days. It is, however, very probable that the operation was performed after the method prevalent among the Egyptians, and it might be perhaps of interest to the readers of this Journal to learn the results of our inquiries on this subject.

Manifold are the reasons which the antiquarians ascribe to the custom of embalming, which art can be traced back to the early history of Egypt. That it required skill and experience, can be seen from the mummies which are in the British Museum in London, and in other parts of Europe. The name of the embalmed bodies is “*Gabbara*,” i. e., the sacred preserved, or “*mumia*.” The first name is Egyptian, the second Persian. Augustin in his sermons (120, c. 12) says—“*Ægyptii credunt resurrectionem mortuorum ; morem enim habent siccare corpore et quasi ænea reddere ; Gabbaras ea vocant.*” In the *Œdipus Ægyptiacus* by Kircher, are these words : “*Mumia vox Persica est, et idem notat quod exiccatum cadaver, certa ratione conditum, corruptionis expers.*” A French writer is of the opinion, that the Egyptian priests have introduced the art of embalming the dead with the benevolent purpose that the health of the living might not be impaired. The annual outpourings of the Nile, through which the ground of the country is made soft and loose to a great depth, produce the quick decomposition of the dead bodies, and cause pestilence. To prevent this calamity, the art of embalming human and animal bodies has been invented ; but in the course of time, the priests concealed its real cause, and connected it with their religion, which served as a political means to make the people obedient to the civil laws. To support this opinion, it is said that up to this day the pestilence in the Orient breaks out first in Egypt. The pestilence, it is further said, in the Orient, made its first appearance in the sixth century of the Egyptian era, when the embalming of the dead was not more common, and that it never prevailed in Upper Egypt where the Nile does not pass its natural boundaries. But these reasons are barely hypothetical. For if the priests had feared the consequences to the health of the people, they might have suggested the burial of the dead in the adjacent desert, where they could have been dry in a very short time. The art of embalming needs not to be explained from reasons so remote and complicated, as there may be advanced others that are more natural and more probable.

The people in Upper Egypt might have had frequent opportunities of observing the phenomenon, that persons who died in the desert, or were overtaken by the whirlwinds of glowing sand and buried in it, were not decomposed, and having become dry in the heat their forms and appearance remained perfect and not at all destroyed. When the counter winds carried off the sand from the bodies, they were then recognized by their relatives and friends, and taken and buried in their respective homes. Such bodies are known by the name of “*natural mummies*.” They were dried by the extraordinary heat, so that nothing remained of the moisture

in the animal body, which causes decomposition. Herodotus relates that Cambyses sent fifty men to destroy the oracle of Jupiter, who were buried in the sands of the desert, and were afterwards found by the Ammonians in their perfect form. The dry mummies of the desert have a shining brown appearance; the skin is dry as a parchment, and cleaves to the bones, which are perfectly dry; every particle of moisture and fat has disappeared, and the whole body frequently weighs not more than sixteen ounces. But there are also instances of natural mummies, which were not buried in the sands of the desert.

As many arts have been invented through a close observation of natural phenomena, the art of embalming the dead owes probably its existence in Egypt to that natural phenomenon, that we have now been describing. The natural mummification might have excited the observer to experiment on some of his relatives, whose form and appearance was dear to him, to preserve his body in a perfect state, by artificial means. As the Egyptian priests were the most educated, they were also the most suitable persons to be engaged in discovering means for the realization of such cherished hopes. In the meantime it was also discovered, that there are in the desert various kinds of salts, which cannot be decomposed. These salts were then used as a preparation for the corpse before it was put into the sands in the sun to dry it; so they progressed in the art of embalming, till experience taught, that an animal body cannot be preserved for a very long time, except the entrails be entirely removed from it. Accident or continued investigation then pointed out asphaltum and balms, and the method of applying them, till at length the art of embalming was completed.

As all natural occurrences are turned into supernatural, when they are only not common, so was it also with this Egyptian art. The belief was then gradually induced, that the souls of the dead that were found in the sands were near to them, and preserved them in their former condition, unimpaired, and also uncover the sands that they might be taken back to their relatives. The soul consequently appeared to demand that the body, her former tenement, should be preserved and buried. It became then the duty of the Egyptians to obey the demands of the souls of their departed friends. The priests afterwards taught, that the soul, which was *in* the body when it lived, is *at* the body when dead but not decomposed; but as soon as putrefaction takes place, the soul departs from it forever. To this question attached itself very naturally another one—where does the soul go, when it leaves the body altogether? The priests answered, if the soul has not lived a virtuous life on earth, it enters the body of a new-born beast; but if it was distinguished for a godly life, it goes to the gods. The human soul that enters the body of a beast, changes its tenement with the death of that new body, and enters into another one, till the space of three thousand years expires, and then it enters again a human body, after which it is taken to the gods.

[To be continued.]



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 BOSTON, DECEMBER 8, 1852.
 

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*Law and Physic.*—Those of our readers who are members of the Massachusetts Medical Society will feel an interest in the progress of the suit, *Barrows vs. B. Carpenter et al.* It will be recollected that the plaintiff commenced an action many months since, against two medical gentlemen, members of the society, for a libel, contained in the journal of proceedings published in the Appendix to the "Communications," laying the *ad damnum* in the modest sum of ten thousand dollars! The case came on at the late term of the Supreme Court, held at New Bedford. After the opening was made for the plaintiff, Fletcher J., on examination of the declaration in the writ, expressed a strong doubt whether the words set forth were actionable at all, and suggested that merely such evidence should be then introduced as would make a case, upon which the full bench might decide whether the action would lie. In the event of their decision being such as to sustain the declaration as libellous, the case will then be ready for a hearing before a jury, when the participation of the defendants in the publication, if any—the extent of damages—the protective rights of such associations, and the like incidental questions, will be passed upon. If the full bench decide that there has been no libel, the case, of course, drops.

*J. Kearney Rodgers, M.D.*—A memoir of the life of this distinguished surgeon was read before the New York Academy of Medicine, on Wednesday, Oct. 6th, by Edward Delafield, M.D., and has since been published. Dr. Rodgers seems to have been born to a position, and although the president of Nassau Hall predicted that he would never distinguish himself, the fact of being thus rebuked appears to have stimulated him to rise above the indolence that sometimes weighs down genius which has apparently no motive for action. He became a model of scientific industry through his medical pupillage; and during a long professional career, sustained a reputation of the first order as a citizen and a professional man of skill and unblemished fame.

Dr. Delafield has been particularly happy in the character he has drawn of his excellent friend. With such materials, however, it would have been extraordinary had he failed in the construction of a biographical sketch of interest and profit to the brotherhood. An elaborate literary production was not contemplated. A plain narrative of the youth and age of a great surgeon, with whom every member of the audience was probably well acquainted, was a topic full of interest to them. We are personally indebted to the author for the gratification his discourse has afforded, and the medical public will every where, it is believed, express the same sentiment of heartfelt satisfaction.

*Chimpanzee Skeleton.*—We have derived much gratification from reading a paper by S. Kneeland, Jr., M.D., on the skeleton of the great Chimpanzee, read by him before the Boston Society of Natural History. There is neither poetry nor perplexity discoverable in the article, which are very common faults in treating of subjects of a similar character. Dr. Kneeland

land aimed at a correct, unadorned anatomical description of the animal, and therefore whatever is written, will answer for all coming time, as a reference for the naturalist who may have occasion to compare his researches and descriptions with the specimens in the Boston Cabinet. If every one wrote on medicine in the same plain, straight-forward manner, there would be fewer mistakes and misapprehensions, and less respect for theoretical speculations.

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*Physician's Pocket Dose and Symptom Book.*—A good idea—to make a book about the size of a wallet, containing symptoms of diseases, doses, and other kinds of information often needed at the bedside, when a practitioner is in doubt in small matters. Messrs. Lindsay & Blakiston have published a miniature volume, by Joseph H. Wythes, M.D., bearing the title here given. If great books are sometimes regarded as great evils, little ones may occasionally prove to be small blessings. There is nothing original in the design, or remarkable in the arrangement. With the fewest words, all that is necessary to be said of a medicine, for example, is briefly related. For young physicians, it will prove an excellent monitor; and the aged have often quite as much need of being reminded of what they have forgotten. Take it all in all, the dose-book is far from being a disagreeable dose.

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*Fætal Circulation.*—Very few students understand the fætal circulation by simply reading about it. A pictorial illustration is worth a hundred elaborate, wordy, anatomical dissertations. That excellent artist, Mr. H. A. Daniels, of New York, whose skill is a familiar subject with many of the writers on surgery in that city, has executed a very useful drawing, illustrative of the relation of parts, the origin of the arteries, &c., beginning with the placenta. The figure is about the size of a newly-born infant, and every part is so exposed and accurately designated, that the whole scheme of the circulation is clearly shown. The cord, with its two arteries and one vein, proceeding from the placenta; the umbilical vein, dividing into branches to be distributed to the liver; and the ductus venosus, entering the inferior cava; the portal vein, pulmonary artery, ductus arteriosus, urachus, common iliac, hypogastric arteries, renal capsules, &c. &c., embracing a minute display of each and every essential part of the fætal apparatus, is complete and useful. This should be particularly in the hands of students, because it teaches a department of anatomy not readily mastered in any other manner.

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*Epidemic Cholera.*—An appendix to the report of the General Board of Health, of London, on the epidemic cholera of 1848–49, comprising a paper by James Wynne, M.D., of Baltimore, and presented to both houses of Parliament, has been received from London. Of course, it is a carefully drawn, scientific pamphlet, detailing cases, symptoms, and treatment, and accompanied by tabular statistics enough to gratify the most profound student; but we despair of finding any thing new on the subject of cholera, and we some time since resolved to read no more about it than may be necessary to keep up with the literature that belongs to it. In regard to its treatment, but little new has been advanced. No more success, we fear, attends it now, than on the first day of the development of the disease. If this assertion is questioned, we will simply refer the doubters



to the last unfortunate town or city in which the Asiatic scourge left the community in one general mourning.

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*Pharmacology.*—No. 1, of Vol. I, by the learned Dr. Tully, on *Materia Medica*, or *Pharmacology and Therapeutics*, was published last week. It reads well, and therefore will doubtless have the sustaining influence of the profession, to whom Dr. T. is no stranger. Having repeatedly made reference to the literary enterprise upon which he has embarked, it is by no means necessary to repeat the same sentiments, by comments on this first number of the proposed series.

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*Progress of Physiology.*—Dr. Séquard's lectures before the medical gentlemen of this city, are well attended and extremely interesting. It is the only way to study the functions of a living body, to look on the organs in a state of action, and mark how nature accomplishes her operations. Vivisections are not common with us, and hence the demonstrations of the learned lecturer strike us with more force and surprise. Dr. Dowler, of New Orleans, is one of the boldest of the modern school of physiologists. He grapples with leviathans of the Mississippi, and exhibits phenomena in the interior of their huge bodies, that quite unhinge some of the most favorite doctrines of the old theorists. Life is still a mystery. Explorations on the living body have not yet brought to light its secret abiding place. But this is an age of progress, and under the researches of such men as we have above alluded to, it may yet be discovered.

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*The Public Health.*—There is but little demand for medical services, either in Boston or its vicinity, at this particular period. For many years, the public health has not been more satisfactory. There are chronic diseases, and casualties, as usual, in a dense population, but no alarms from the approach or prevalence of epidemics, have disturbed the people of late, and the profession consequently have not been over-taxed with labor. At all points, throughout the Union, with the exception of a few of the southern cities where the yellow fever continues, the country is unusually blessed in respect to exemption from devastating maladies.

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*Castor Bean Epidemic.*—One of the steamboats running between Cincinnati and St. Louis, on a recent trip was crowded with German emigrants. As might be expected, their appetite for fruit and vegetables, after a long sea voyage, was most voracious. At Selma, a short distance below St. Louis, the boat received some fifteen or twenty sacks of castor beans. Their appearance excited the cravings of the emigrants. Finally, curiosity and appetite triumphed; a bag was surreptitiously opened, a large pan full extracted, and a huge luncheon of soup prepared. In a short time, the passengers in the cabin and the officers of the boat were startled by the report that the cholera, in its worst form, had broken out on deck: the castor oil was doing its work. The bag lay exposed, and a large pot full was steaming hot on the table. The captain was ordered into quarantine.

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*Infusoria from Cancer in the Mouth.*—Mr. Weeden Cooke exhibited under the microscope some infusoria which he had taken from a case of can-

cer of the tongue. It had been stated that these insects were to be found in cancer generally, but he had only discovered them in that disease when situated in the tongue. Did this arise from the warmth of the mouth? Some of these insects, as seen in the field of the microscope, appeared of the size and shape of bugs; others were of an eel-like shape. He brought forward the insects, as he thought they were interesting in regard to many points in the pathology of cancer. Were they, for instance, peculiar to cancer? Did they originate from the ova of insects getting into the mouth from the exterior?—*London Med. Soc. Proceedings, in Lancet.*

*Professor John Bell.*—This veteran writer, teacher and practitioner, having returned to Philadelphia, has resumed his pen, and announces a forthcoming work on Mineral Waters, as a companion to his great book on Baths, so universally esteemed as the best authority on that subject.

He invites communications from those who reside near any of the celebrated watering places of the United States, or having experience in their use as prophylactic or curative. Details are desired touching their accessibility, facilities, and accommodations, which those concerned will find their interest to furnish, obliging themselves rather than the author.—*N. York Medical Gazette.*

*Medical Miscellany.*—Cholera is making dreadful inroads upon the population of Nassau, New Providence. At the last advices, the scourge had reached Kingston, Jamaica.—An epidemic fever has broken out at Barbadoes, and in one instance swept off an entire family.—The yellow fever is somewhat abating at Martinico.—There are thirty female medical students in Philadelphia.—Smallpox has appeared in the Island of Corfu, one of the Ionian group, and of course produces great alarm and commotion.—A woman is represented to have recently dropped down dead, at Mill Creek, near Toronto, Canada, at the sight of blood from a wound.—Dr. Crosby, of Hanover, and Dr. Howard of Columbus, both professors of surgery, speak in excellent praise of our friend Dr. Piper's work on surgery.—Eruptions of the skin on small children, of a singular character, have been recognized by physicians at the North, the present autumn, that do not yield very readily to medication.

**TO CORRESPONDENTS.**—The addition of twelve extra pages to the Journal of to-day, allows space for several articles which have been deferred; but others still remain on hand, which will have an insertion as soon as room can be found for them. Dr. Collins's Address at Pittsfield has been received—also another communication on the subject of the new operation in dentistry, which, with the one alluded to last week, can only receive at present a mere acknowledgment.

**MARRIED.**—Dr. A. C. Webber, of Cambridge, to Miss L. C. Balcom.—Dr. John E. Hathaway, of Worcester, to Miss C. A. Gaffield.—At Defiance, Ohio, O. H. Allen, M.D., to Miss L. E. Hinckley.—At East Hartford, Conn., Dr. J. M. Morris, of Somerset, Ohio, to Miss Lucinda Galpin, of Berlin, Conn.

**DIED.**—In Portland, Me., Nov. 16th, Dr. F. F. Sargeant.

*Deaths in Boston*—for the week ending Saturday noon, Dec. 4th, 64.—Males, 32—females, 32. Accidental, 2—inflammation of bowels, 2—congestion of the brain, 1—cancer, 2—consumption, 14—croup, 1—dropsy, 3—dropsy in the head, 2—infantile, 3—puerperal, 1—fever, 2—typhus fever, 2—typhoid fever, 1—scarlet fever, 7—disease of heart, 2—disease of hip, 1—inflammation of lungs, 6—old age, 1—disease of the œsophagus, 1—palsy, 1—scrofula, 1—teething, 2—thrush, 1—tumor, 1—unknown, 4.

Under 5 years, 20—between 5 and 20 years, 8—between 20 and 40 years, 20—between 40 and 60 years, 10—over 60 years, 6. Americans, 30; foreigners and children of foreigners, 34. The above includes 2 deaths at the City Institutions.



*The Esculapian, A popular Medical Paper for the People.* TO THE EDITOR OF THE BOSTON MEDICAL AND SURG. JOURNAL.—I have for a long time been convinced of the utility and growing necessity for the establishment of a periodical publication to be a medium of communication between the medical profession and the public. The newspaper press is entirely cut off from the uses of medical men by its almost invariable advocacy of charlatanism of every kind, and medical literature can never be adapted to the popular understanding, even if it would answer the purpose if it could. There is therefore, undeniably, force in the apology so frequently offered by those who leave their old medical advisers for a trial of some new system; viz: "how can we know the right from the wrong, without we believe what we read, and that is almost invariably in favor of the new doctrines?" When we consider the great influence which is brought into action in order to estrange the public from the medical profession, it is evident that nothing short of its vital truth could command the confidence and veneration with which it is still held by the better educated classes of society; yet notwithstanding all this, the healing Art fails in a great measure of accomplishing the good to mankind which it is capable of being made to do.

With the view of furnishing the public with the necessary information, not only for a guide to the best measures for the preservation of health, but to enable every one in the exercise of discretion, to make a choice of medical advisers from that class of physicians, who are alone entitled to the confidence of the community—I propose to establish a monthly periodical, to commence with the first of January, 1853. Its aims, in brief, will be as follows:

1st. To show why the old established system of medical practice is alone entitled to the confidence of the public.

2d. The communication of such information as will lead to the better preservation of health, embracing articles on sanitary laws, habits of life, food, dress, climatic influences, ventilation, etc. etc.

3d. Homœopathy, hydropathy, patent medicines, &c., will be treated as the subjects demand.

Having already conversed with a number of eminent medical men, who, on a full view of the subject, have given their hearty approval of the undertaking, we shall hope to receive the same encouragement from our brethren throughout the country, and also their "material aid."

It is to the members of the medical profession that we shall look for assistance in the bringing this periodical before the public; and if they will act with any thing like the unanimity which characterizes the advocates of homœopathy, or hydropathy, there need not be a town in the United States in which we shall not have the opportunity of setting forth the true principles essential to the public health, before the year is ended. We do not mean simply, in bringing our periodical before the public, but in communicating articles for publication upon the abuses which come under their observation. To favor this end, we propose to send *ten copies* for one year, to one address, for *five dollars*. Single copies, one dollar a year. Now it is hardly possible that there is a physician in the land, but can easily procure *ten* subscribers; and moreover, it is scarcely probable but that the influence of our paper will contribute more than double the price of subscription to his interest, independent of the public good which must necessarily grow out of it.

Any person who may wish to see a sample number before subscribing, may obtain one by forwarding, post paid, *three* letter stamps to

C. D. GRISWOLD, M.D. 108 Nassau street, New York.

*On a New Mode of Operating in Varicose Aneurism.* By M. MALGAIGNE.—The difficulty which usually occurs in operating for this, in securing the two ends of the artery, while the veins are incessantly pouring out blood, induced M. Malgaigne to try a new plan of procedure, by which opening the sac, or the integuments covering it, might be avoided. The case was an aneurism resulting from venesection, performed ten or twelve weeks before. A small pulsatory tumor existed at the bend of the arm, which caused little inconvenience. The artery was taken up, by means of two separate incisions, just below and just above the tumor, and the cure was rapid and complete, so that when the patient was seen 7 months afterwards, no traces of the aneurism could be discovered.—*Rev. Med. Chir.*, tom. xi. p. 155.

## THE

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### THE CONNECTION BETWEEN THE MIND AND THE NERVOUS SYSTEM.

[Communicated for the Boston Medical and Surgical Journal.]

THE prevailing mode of studying the physiology of the nervous system, founded on the idea of the independent vital endowments of nerves, is precisely the same as that pursued in physical science. When the spinal marrow is wounded or diseased, the physiological and pathological phenomena observed, are contemplated in their relations alone and isolated, simply as affections of these vital properties, and not as affections of a compound being, in which a spiritual entity is alive and active in the body, and more especially in the nervous centres. The facts of consciousness and the legitimate consequences which flow from them, are never allowed to interfere with the straightforwardness of reasoning. Now a little reflection will make it plain to any one, that every muscular motion is through an exercise of volition founded on an act of judgment, guided by a sensation. It is not necessary that we should be conscious of every movement or every sensation to establish this fact. Although we are directly conscious of many of them, there are a great many others which have become habitual, and in which the necessary steps pass through our mind so rapidly as not to be recollected, but which make themselves known very readily on a disruption of the conditions on which they depend:—as the difficulty of walking in total darkness; the fact of a person becoming dumb after deafness; the guiding sensations of sound, by which the muscular movements concerned in speech are produced, being removed. Sometimes we are rather unpleasantly reminded of the importance of guiding sensations to direct the judgment in muscular motions, when we seat ourselves in a chair some six inches lower than we estimated it, or endeavor to raise a very light substance which we thought a heavy one. A case is given by Marshall Hall of a man who, having lost the sense of feeling in his feet, was obliged to fix his eye on them in order to stand. The case of a woman mentioned by Sir Charles Bell, who had lost the sense of feeling in one arm, and who could hold her child only when her eye was upon it, proves the great extent, if not the universality, of the principle. Instinctive motions are only habitual motions removed a degree farther from consciousness, and are undoubtedly referable to the same law. To this class belong the reflex motions of Marshall Hall, and in general all those which are



brought about by irritation of the nerves and nervous centres, and are supposed to depend on some vital endowment of nerves. If it is a fact that abnormal irritations of nerves give rise to similar sensations as the physiological stimuli applied to their extremities, it is just as easy to refer the resulting motions to those sensations, as to create new causes, after the example of the advocates of specific properties. Certain classes of motions become associated with certain sensations (at first through the will), in the lower animals, and are attended with such consciousness as they are capable of, are kept up by the law of instinct through the intermediate grades, and finally appear in the higher animals as habitual motions without consciousness.

All that we have a right to infer in regard to the nervous system, is that it furnishes some physical condition necessary in the ordinary state of our being, to enable the mind to be active in sensation and to control the muscles.

If we imagine the simplest form of a nervous circle consisting of a ganglion with a nervous cord dividing and spreading itself, part on the surface of an extremity and part distributed to the muscles which move that extremity, and suppose an impression of touch to be made on it sufficient to excite a movement, what is the character of the phenomena witnessed in that event? Are they of a physical nature? The motion witnessed does not accord with physical laws. It is not in proportion to the amount of force impressed, nor is it in a direction resultant from that in which the impulse came. It is just such a motion as we make when we are conscious of being prompted by desire or aversion, and of judging by the sensation how to direct in order to grasp or repel the object. Undoubtedly the mechanism is the same in both cases. If one belongs to the mind or spiritual principle in the higher animal, the other belongs to that which corresponds to it in the lower. If the latter can be referred to vital properties of nerves, the other can be referred to similar properties of the brain, and the existence of the mind or the "we" is a self-delusion.

But in order for this motion to take place, there must be this nervous circle, and it must exist in its integrity. What, then, can it be for? If it does not respond to the impression and produce the motion, what is it made for? It is a sufficient reply to this, to say that among so many operations as are carried on in the body under the control and direction of the vital principle, it needs this, as a sort of magnetic telegraph to keep itself constantly apprised of whatever disturbs its previous condition. It feels by it the physical impression, and at the same moment the muscle to be moved, and is thus enabled to direct the one by the other. The sympathy established through the function of nutrition, though it may meet the requirements of vegetable life, in which, in a few rare instances, something like motion takes place in remote parts in consequence of external impressions, is inadequate to the wants of animals. An apparatus is developed in them connecting the most distant parts by the highest intensity of apparently inwrought feeling. But this apparatus, while it is thus mysteriously associated with a faculty of the mind, there is no reason to believe, performs any other office than what from

its structure and relations it is physically adapted to perform. It is simply an instrument of feeling.

The simplest form of these associations is between the motions of an extremity and the sensations of touch made on the surface of that extremity, requiring for their production a nervous cord and a ganglion, as in the claw of a lobster when it becomes necessary for two or more such extremities to be united together in order that motions in either may be excited by sensations occasioned by impressions of touch made on the other; the ganglions of all so associated, are united together by nervous cords passing between them. It is thus that the two rows of ganglia which pass up and down the centre of invertebrated animals are evolved and connected, so that in fine it is possible for the mind to move any part of the body as directed by touch. But these motions are very limited and imperfect, as any one may satisfy himself who watches attentively the motions of insects and other invertebrata, so far as they are directed by touch. It is necessary that there should be a great central ganglion or organ, by which the whole nervous system may be controlled; not that any impression should pass to it, nor that any power should emanate from it, to move a muscle. The cerebellum, an organ constructed evidently to enable a large quantity of arterial blood to come into contact with nervous cords, appears by its anatomical relations and physiological experiments, as far as they go, to answer this condition. It keeps up, by the action of the blood as it passes from the arterial to the venous state, a certain degree of tension, probably on all the nerves distributed to the general surface, and to the muscles, which enables the mind to direct its attention to the impression from without, and instantaneously to contract the muscles required.

By thus supposing the cerebellum to be the organ more immediately concerned in enabling the mind to direct muscular movements when guided by the sensations of touch, we have the key to the solution of the mystery which attaches itself to the prevailing theory of the office of the cerebellum, viz. :—That it is the organ for “co-ordinating muscular movements.” The very vagueness and indefiniteness of this expression, which is the only legitimate one that can be drawn from the fact observed, according to the doctrine of specific properties and functions, ought to beget a suspicion that the method pursued is erroneous. All must admit that the body is balanced and kept on its feet by the directing sensations of touch, when sight is withdrawn. And since animals are habitually accustomed to the exercise of the former faculty for this purpose more than the latter, the sudden injury of the organ more immediately concerned in connection with it, would throw them out of their bias at once, and, until they had learned to fix their eyes on the limbs, as in the case of the woman mentioned by Bell, would occasion those irregular and vacillating movements which have given rise to the misty hypothesis mentioned above.

The connection of the cerebrum with the organs of the specific senses is a sufficient indication of its office. Of these senses the sight is so far the most important in its range and influence, that it would hardly be improper to say, that the cerebrum is the organ which enables the



mind to direct the movements of the body, when guided by sight. When we consider the infinite variety and complexity of the movements performed under the direction of sight, by a single small member, the human hand, it is easy to understand this use of the cerebrum, and why it should be larger than that of all other animals, and larger than any other central organ of the nervous system, without supposing it to be endowed with the property of thinking, hoping, fearing, loving or hating. Every mechanic art, all the forms of human labor, penmanship, painting, sculpture, approach perfection only as the muscles of the hand respond to a critical nicety of judgment, founded on sensations reaching the mind through impressions made on the eye.

No less clearly are the functions of the anterior and posterior columns of the spinal marrow pointed out by their anatomical connection. The anterior, which is but a continuation of the cerebrum, connects the latter organ with the muscular system, and is the medium through which the mind by it controls the individual muscles, when it directs movements by the guidance of sight; while the posterior, which passes wholly into the cerebellum, performs the same office in connection with touch. This view will be found to go far to reconcile the discrepancies between the results of the experiments by Sir Charles Bell, and those by Bellingeri, as well as other facts which, according to Carpenter, "have kept alive in the minds of many eminent practical men considerable distrust of the accuracy of Sir C. Bell's conclusions." If the anterior columns and roots are concerned in moving the muscles by sight in their normal state, then abnormal irritations of them would give rise to motions in the muscles, and of those motions flexion would predominate. For there is reason to believe that motions of flexion are more associated with sight than are those of extension. On the other hand, if the posterior cords be irritated while sensations predominate, the motions if any would be more likely to be those of extension. It enables us to understand, also, why in tetanus from wounds, and in cases of poisoning from strychnia, where the nerves of touch are the transmittents of the irritation, opisthotonos and spasmodic movements of extension are by far the most frequent.

The larger size of the posterior cord, and the ganglion, indicates that they respectively represent the nerve and ganglion of the invertebrated, and form a complete nervous circle in the higher as well as in the lower animal. The generalizations of Sir Charles Bell were too general, and, like the conclusion that the cerebellum is the "organ for coordinating muscular motions," illustrates the insufficiency of the present method of studying the physiology of the nervous system, without connecting it with the mind at every step; or, as it might truly be said, the folly of attempting to act the play of Hamlet, with the character of Hamlet left out.

A singular confirmation of this view is derived from the motions of the iris. This organ receives its nerves wholly from the ophthalmic branch of the fifth pair; a nerve which, in its two superior portions, is the sole representative of the posterior branch of the spinal nerves, completely disconnected from its anterior branch to be found. Now it has been

found by experiment that if this nerve be divided, in some animals the pupil becomes contracted, in others dilated—facts inexplicable, if we suppose the fifth to be a nerve of sensation merely. But if we suppose it to be a complete nervous circle between touch and the motions connected with it, a ready explanation is afforded. It is true some physiologists account for it by the nerve's anastomosing with the sympathetic. But the connection of the sympathetic with the bloodvessels affords less reason to believe that it is a nerve of motion than the fifth. How well this harmonizes, also, with the fact that belladonna applied to the eyelids, conjunctiva, or to the mucous membrane of the stomach, all surfaces in relation with the spinal nerves, produces dilatation; and opium taken internally, and ergot applied to the nasal mucous membrane, give rise to contraction of the pupil.

The existence of five pairs of ganglia at the anterior end of the spinal cord in the lowest order of vertebrated animals, may be thus accounted for. There are three classes of sensations, according to which the body and its parts are principally moved. These are respectively the sensations of smell, sight and touch. For each class there should be a double nervous circle; one to connect the organ with the muscles that move the part of the body in which it is placed (a reflex motion), and another to connect the organ with the muscles that move the whole body; that is, one for motion, and another for locomotion. The ganglions of this double circle for the sense of smell, are the olfactory and the corpora striata. Those for the sense of sight, are the optic tubercles and the thalami. Those for touch, are the corpus dentatum and the ganglions on the posterior cords of the spinal nerves. Thus these latter ganglions stand in the same relation to the corpus dentatum, and through that to the cerebellum, as the optic and olfactory to the thalami and corpora striata, and through them to the cerebrum. The cerebrum and the cerebellum are both but the further development of the ganglionic masses which they cover. The lower forms of the invertebrata are more governed in their motions by the sense of smell, than the higher, and hence the relative importance of the olfactory lobes in them, and their dwindling as we ascend the scale. And if there is any reason why a ganglion should be formed in these lower animals, or, in other words, if provision should be made to bring a mass of arterial blood in contact with the end of the cord in which the nerves distributed to the muscles terminate; there is also reason why further provision should be made in the growth of the cerebrum and cerebellum, for a still larger supply of blood when the limbs are developed, the muscular system more complicated, the motions infinitely varied, and the senses more refined.

We are not driven to the necessity of inferring, as is done by some English physiologists, that the brain is the organ of thought, because there is nothing else for it to do. There is work enough for it to do as the instrument of sensation and muscular motion—or, rather, as the instrument which enables the mind to feel at any moment in the waking state, the external impression whenever made, and the muscles to be moved in accordance with it. And for this reason all the nervous cords



that go to all the muscles, and to all the organs of the senses, are united by white fibrous, *not by gray*, matter, so as to form, as it were, one cord, of which the brain is the end, and the true ganglion.

In my next communication, I shall endeavor to show, from the structure, position, &c., of the brain and nervous system, and from the analogy of other organs, that they perform but one office in all their parts, and that is of a physical nature, and also present some considerations which go to show that the sole office of arterial blood is to stimulate the nerves.

November, 1852.

H.

## DEATH FROM THE INHALATION OF A FOREIGN BODY.

BY C. H. HILDRETH, M.D., GLOUCESTER, MS.

[Communicated for the Boston Medical and Surgical Journal.]

FOR an opportunity of post-mortem examination in the following case, and for so much of its history as came under his observation, I am indebted to the courtesy of my friend, Dr. H. E. Davidson, of this town.

Oct. 25.—The patient—a finely-developed, muscular young man, æt. 17—while passing through the woods, picked off a twig—he was not sure whether of a pine or a hemlock tree—and bit off a portion of it, about an inch in length, which was accidentally drawn into the trachea. A violent attack of cough immediately followed, and the foreign body was felt to “move up and down,” but shortly became fixed. The next day he complained of pain under the right clavicle, “a pricking feeling,” as he described it. Nothing special was discovered upon auscultation, except abundant mucous rales. The patient had had a cough for some days previous to the accident, but since that time had raised some blood, most of the sputa being tinged with it.

28th.—He went “out fishing” on George’s Bank. Cough had somewhat subsided—pain continued. Raised no blood after the second day from the accident, and kept about until Nov. 3, when he was compelled to go below. Pain was at this time severe, but somewhat relieved by firm pressure upon chest—probably by preventing motion of the ribs. Rigors at this time severe, followed by great febrile excitement.

Nov. 4th.—Expectoration, which for the last twenty-four hours had been colored with blood, now suddenly became foetid. About two table spoonfuls were raised at once, attracting the attention of those about him by the exceedingly offensive odor. Pain very severe, by him compared to “the pricking of a thousand pins clear through” his chest. At this time swelling of both lower extremities commenced, and increased to such an extent as to excite fears on the part of his friends “that they would burst open.” This continued until his death, though not to so great an extent, but subsided afterwards.

7th.—The vessel having arrived, patient was put under the care of Dr. Garland, who reports as follows.

“Upon physical examination, percussion revealed great dulness anteriorly on right side of chest, over the fifth rib, and between fourth and fifth—the respiratory murmur was not heard, but broncophony was dis-

tinct, and mucous rales were heard quite extensively over right side of chest.

"As the pain was considerable, I ordered the application of leeches, to be followed by poultices over the region affected, and gave calomel, digitalis and ipecac. in powders, to be repeated every three hours; mucilaginous drinks and light diet were also prescribed.

"Monday, Nov. 8.—Called to see patient, about 10 o'clock, A.M. Found him much the same as on the day previous. Had had a restless night, but was a little relieved in respect to respiration. Had perspired considerably, and thirst had been urgent. Expectoration rather copious, but not bloody, though very offensive in character. Pain in side not quite so great; but the symptoms, generally, about the same. I ordered a blister for side, and the continuance of the same medicine as the day before, with the addition of a Dover's powder at night.

"Tuesday, Nov. 9th.—Called to see patient this morning between 10 and 11 o'clock. Found him quietly sleeping in his chair. He soon roused, however, and I learned he had quite a comfortable night. Had had no pain since the blister had discharged. Respiration quite free, cough less troublesome, and expectoration very slight (he expressed himself quite relieved). Pulse 96, less full. Had return of appetite, and but little thirst. The surface being tender from the blister, I learned nothing by percussion, but applying ear to chest, observed no change since last examination, except less of mucous rales. I recommended quiet, the continuance of demulcent drinks, with light diet; the medicine to be administered less frequently, apprehensive of a change for the worse sooner or later.

"Wednesday, Nov. 10th.—I received a message at 7 o'clock, this morning, requesting my presence at the house of patient. On arriving, I found him bolstered up on the bed, laboring for breath, and making expulsive efforts every few seconds to clear his throat from the blood and mucus that threatened every moment to suffocate him. His face and upper extremities were livid; pulse frequent and fast failing. I learned that he rested well till 12 at night, when he took some medicine; then rested tolerably till 3 o'clock, when feeling a little nausea he retched and coughed, and the effort filled his mouth with pus, which continued to be expelled from chest till I arrived. It was evident that nature must succumb. I administered a little carbonate of ammonia in solution, and shortly left the house. He expired in a few minutes after I left."

*Autopsy*, six hours post-mortem.—Muscular system finely developed. Great breadth and depth of chest. Rigor mortis slight. Much serous fluid flows from mouth and nostrils.

Upon incision through costal cartilages, a quantity of fœtid gas escaped from right cavity. Pulmonary and costal pleura thickly coated with recent lymph. Lung adherent to parietes along its posterior surface by remarkably copious depositions of similar character, but easily separable. Interlobular adhesion much firmer. Thoracic cavity contains five or six ounces of a grayish fluid, quite fœtid.

At the middle of the superior border of lower lobe is a ragged opening, admitting tip of forefinger, the orifice of a cavity capable of containing



two or three ounces. Upon separating the interlobular adhesion, the cavity is recognized just beneath the pleura of the superior surface of the lower lobe, which, forming its upper wall, exhibits a discoloration, as in idiopathic gangrene, like the stain of nitrate of silver. The external walls of the cavity have collapsed and its fluid contents escaped; the remaining portion consists of detritus of the lung, dark colored and horribly offensive, from among which the largest portion of the foreign body dropped out, having been entirely detached from the surrounding parts. Three smaller pieces were afterwards removed, also loose in the cavity. They were neither pine nor hemlock, but portions of a small shoot of the common red cedar (*Juniperus Virginiana*), the largest an inch and an eighth in length, forked by a small lateral shoot near its terminal extremity.

The walls of the cavity were lined with a well-defined false membrane. There was no induration of the circumjacent pulmonary tissue.

I had supposed there would be no difficulty in discovering the point where the foreign body made its exit from the bronchus, and in tracing its course to the place of its ultimate arrest. But the fact was otherwise. The cavity was situated, as before stated, at the periphery of the lung, and there were no subdivisions of the bronchus extending within several lines of it, of sufficient calibre to admit even the head of a small pin, to which extent they were followed and laid open. Presuming, therefore, that the body must have made its way into the parenchyma of the lung from some large bronchial division (as in Gilroy's case, *Am. Jour. of the Med. Sciences*, Vol. VIII., p. 512), those divisions were re-examined, but no satisfactory traces of its exit could be detected.

The mucous membrane of the larynx, trachea and bronchi presented no traces of inflammatory action—in fact, was rather paler than usual. Right lung, and lower lobe of left, much congested, serous fluid exuding freely upon section. Left upper lobe normal.

The liver, dark colored and surcharged with blood, was of extraordinary size, extending entirely across the abdomen, and as low as the umbilicus.

The pathological condition in this case is evidently analogous to that frequently observed in cases of typhlo-enteritis. As in those cases, the contents of the intestine, evacuated into the peritoneum through an ulceration caused by the presence of a foreign body, produce a fatal peritonitis; so in this case, the contents of a cavity discharging into the pleura, produced a fatal pleuritis.

An interesting point remained uninvestigated—the connection between the pulmonary lesion and the swelling of the limbs. I was not aware of this latter occurrence until some days after the examination, when collecting the history of the case from various sources. It would have been most interesting to have observed if there was phlebitis of the femoral or iliac veins, as is common in the latter stages of phthisis. Acute phlebitis, as is well known, often produces abscesses in the lungs. Is the converse also true? Does acute pulmonary abscess ever produce phlebitis? This case, though not precisely in point, might have afforded

more information upon the subject, and in itself alone have proved highly interesting.

December, 1852.

## DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Concluded from page 373.]

### DISPLACEMENTS OF THE GRAVID UTERUS.

To avoid confusion we have hitherto treated only of displacements of the unimpregnated uterus. When the impregnated uterus is displaced, or when the displaced uterus becomes impregnated, some new features are presented which require particular notice.

The chances of impregnation are much lessened by displacement of the organ, though from cases on hand, where the affection existed to a very great degree, and yet it did take place, we must conclude that it is not the simple displacement, but the condition of the uterus which generally accompanies it, that leads to sterility. This condition and this consequence of it seems to have been recognized by Hippocrates in saying, "When the mouth of the uterus is hard, it is also shut"—[54th Aphorism, Sec. v.]. And again, "Women who have the uterus cold and *dense*, do not conceive"—[62nd Aphorism, same Section].

The treatment of the impregnated prolapsed uterus, when the organ is reducible, is a very simple matter, if indeed any treatment is required. It should be reduced, if it does not readily reduce itself, which, however, is generally the case, and so retained until the fourth month, when it will have increased to such a size as to sustain itself above the brim of the pelvis. This, indeed, ministers to the cure of the disease—provided care be taken after confinement to prevent, by all the other means we have above indicated, a return of the affection. When a protruded uterus becomes impregnated, which has happened now in three or four recorded cases, too familiar even to quote [Portal gives one, *Mem. de l'Academie de Chir.*, tom iii., p. 369. Chopart, another, *Traité des Malad. de la Vessie*, tom. ii., p. 73. Still later, Perfetti, a third, reported in *Prov. Medical and Surgical Journal*, Dec. 2nd, 1844. The last is very interesting, because after delivery the organ was reduced and apparently a cure effected], the difficulties attending the condition arise from the size and weight of the organ during gestation, and from the hardness and undilatibility of the mouth at delivery. The first is remedied by rest and by mechanical means which will suggest themselves—suspension in a properly contrived bandage. For the last, the knife has been resorted to—enlarging the opening by a crucial incision. This was done in three of the cases recorded, and without great complication of the case, or suffering to the patient.

The anteverted or retroverted uterus is not so liable to become impregnated as the simply prolapsed one—for besides the condition above mentioned of the organ itself opposing it, the neck of the uterus is so placed as to increase the difficulty. When it does, however, become so, it is a much more serious thing than with the prolapsed organ—for there



is generally no tendency in it to rise out of the pelvis, as the period of gestation advances. The consequence is, as the development proceeds, the organs in the neighborhood, particularly the bladder and rectum, become more and more embarrassed, until they are wholly unable to perform their functions, and the result of course is fatal unless effective aid be given. Should, then, a woman, affected with either of these displacements, find herself pregnant, her condition must at once become the care of her physician. Every means must at once be used which may tend to rectify the position of the organ, or at least to raise it out of the pelvis before its increased size makes this impossible, that its subsequent development may cause no such urgent embarrassment in the vital organs, as those just mentioned.

How to effect this elevation of the uterus, does not require particular directions, or indeed any, beyond what are already suggested earlier in this essay. When retroversion exists, there is often difficulty in getting the fundus out of the concavity of the sacrum. We have seen an instrument contrived for doing this, which consisted of a steel conductor to be introduced into the rectum—and upon it, but passing into the vagina, was a rod armed at the end with an ivory pad, intended to act against the fundus of the uterus. This would undoubtedly be serviceable, though we scarcely think a surgeon would need any special contrivance for the purpose.

In anteversion the difficulty of reduction is not so great, and the fundus is more readily reached and passed behind the pubis.

When the development of the ovum has increased to such a degree as to render it impossible to reduce the uterus, and the grave consequences above mentioned are imminent, it becomes of serious moment to know what shall be our resort. Sabatier seemed to think that emptying the bladder by puncture would remove its bulk and thus permit reduction; but we can see that the main difficulty, the size of the uterus, will not thus be affected. Hunter advised plunging a trocar into the organ itself, and reducing its size by giving exit to the amnios. There is no record, however, of such a course being adopted; though judging from the effect of accidental wounds of the uterus and from other parallel cases, we cannot but think it would be unattended with serious consequences, and it surely seems the most rational means suggested.

With a view of saving the infant as well as the mother, Purcell [Capuron—*Traité des Malad. des Femmes*, 1817, p. 287], suggested symphysiotomy, supposing that it would effect such an enlargement of the pelvis that the uterus might be reduced when otherwise it would be impossible. Gardien advocates this strongly, but both are as strongly opposed, and we think with reason.

In one of the cases of anteversion quoted above, as occurring in our own practice, abortion took place regularly at the end of the fourth month—apparently as a resort of nature to get rid of what could be developed no further.

#### INVERSION OF THE UTERUS.

This is the term given to the condition in which the uterus is turned inside outwards. It may occur suddenly, or by very slow degrees. It

can only take place suddenly immediately after delivery, when the whole organ is a flaccid bag—the body of which may be forced through the mouth, either by pressure behind or by traction through the os, as by the cord. When it takes place by degrees, it is always the effect of the weight of some tumor attached to the fundus, which in its development forces its way through the os, drawing the fundus after it. In this latter case it is evident that the tumor is the main difficulty, and that our contest must be with that—we therefore dispense with any further consideration of inversion from this cause.

*Symptoms.*—A feeling of sinking and utter prostration comes on immediately after inversion has occurred, even when no flooding accompanies it. This is sometimes accompanied by convulsions, but almost always with those violent, nervous perturbations so frequently attending uterine trouble. These symptoms are generally proportioned in violence to the degree of inversion. With them there is often a most alarming hemorrhage, sometimes destroying life immediately. When several of the above symptoms excite our suspicions of the nature of the mishap, examination must be carefully made for the organ through the walls of the abdomen, and an inability to detect it there will at once of itself convert our suspicions into conviction, especially if, in addition, we find the vagina filled by a fleshy substance. Without the abdominal examination, the latter alone might be taken for another foetus (breech presentation, for instance)—a polypus, or some other tumor. It may be well to suggest that a polypus has comparatively little sensibility, while the inverted uterus is highly sensitive.

If the organ be not speedily reduced, a contraction and thickening of its walls soon render this impossible. We should therefore lose no time in setting about to effect its reduction. Well oiling the hand, the organ should be grasped and passed back into the vagina. Forming the fingers into a cone, the apex of which is placed against the fundus of the uterus, pressure must be made steadily upwards. This will at first carry the whole organ unaltered further into the pelvis, until the vagina is put upon the stretch. After this it will commence receding, and then with a sudden start pass through the os, and it is again in its usual condition. The hand now must not be withdrawn, but left there until contractions are excited, by which it ought to be permitted to be forced gradually out. This is to prevent a return of the accident.

One point incident to this operation has excited much discussion—the removal of the placenta. Should this be done before the reduction, or afterwards? On the ground of lessening the bulk of the mass to be returned, some of the highest authorities on the subject advise its removal. Others of equally high position—with the plea that the force used in separating the two will irritate the uterus, and that an increase of the hemorrhage may be induced at a moment when every drop of blood is important—recommend that the after-birth should be carried back and the case afterwards treated as one of retained placenta. It seems to us that the course must be determined for the individual case, for we can conceive of the placenta being so bulky as to greatly embarrass if not entirely prevent reduction—and the attachment between it and the uterus



may not be so strong as to require violence and cause irritation in overcoming it. Nauche advises snipping the circular fibres of the os, if they seem to threaten strangulation or to otherwise impede the reduction.

As we above said, the reduction ought to be attempted without any delay, for every moment increases the contractions of the uterus and lessens our ability to turn it back again through the os. The liability of this is so great that even a half dozen hours may put the mishap beyond reach of remedy, though two cases are recorded where reduction was effected after an inversion of several weeks standing [one of these is in the *Am. Journ. of Med. Sc.*, vol. xvi., p. 81].

When permanently unreduced, inversion of the uterus is attended with most painful, harassing and dangerous symptoms. The organ becomes highly sensitive, and is affected with a constant feeling of uneasiness, heightened at times by severe, sharp, lancinating pains. A profuse discharge is soon set up from the inner surface, now turned outward, and is of itself enough to speedily exhaust the vital powers; but in addition to it, frequent hemorrhages still further increase the danger from this source. The os uteri is at all times very much contracted, but occasionally this contraction is greatly increased by inflammation, and strangulation may ensue, causing sphacelus of the whole organ. Even where the circulation is not interrupted sufficiently for this, the vitality of the organ may be so lessened that, as in protruded uteri, ugly sloughing ulcers form in its substance, and thus add another source of suffering, danger and death to the patient.

To ameliorate this horrible state of things, various courses have been adopted by different practitioners, but apparently without any guarantee of success. The only resort which holds out promises of restoring the sufferer to comfort and health, is one which, considering that the subjects of this mishap are generally otherwise in the full enjoyment of their womanhood, seems dreadful, and which could not be justified and would not be tolerated, but for the perfect conviction that it is the *only* resort. This is extirpation of the uterus. The method which has been adopted is by ligature—first drawing the organ down so as to get it as near the labia as possible, and then transfixing the neck just below the os with needles armed with strong silk. The ligatures are tightened very gradually. At first the pain is very severe, and attended by nausea and prostration—which are combatted with opiates and stimulants. In a case otherwise favorably fitted for it, there seems to be no peculiarly serious source of danger in the operation.

The cases recorded exhibit a gratifying return of strength and health after the removal of the cause of exhaustion and disease—and the general state of the system does not seem to be greatly altered—indeed, not even appreciably so in several instances. One patient, Lasserre [*Encyclop. des Sc. Med.* v. xxxvi., p. 179] tells us, “est resté sensible aux voluptés conjugales.”

# USE OF THE STETHOSCOPE IN DETERMINING THE PRESENTATION AND POSITION OF THE FŒTUS IN UTERO.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In your Journal of Nov. 3d, were copied some suggestions, by Dr. Bell, of Arkansas, on “the use of the stethoscope to determine the positions of the fœtus in utero.” Having had some opportunities of observation in regard to this subject, I offer a few remarks for publication, if you think they would interest any of your readers.

Not long after Laennec had achieved his great discovery, M. Mayor, of Geneva, announced that the pulsations of the fœtal heart could be heard through the abdominal walls of the mother. This interesting fact had excited little general attention, and been almost forgotten, when, four years later, in 1822, M. de Kergardec published the results of his researches upon auscultation in pregnancy, and described the two principal phenomena revealed by this mode of investigation, viz., the sounds of the fœtal heart, and the “bruit de soufflet.” Since that time the subject has excited much attention, and in France, particularly, the results of many important researches have been published. At the present time, in the lying-in hospitals of Paris, the evidence afforded by the stethoscope is regarded as often of the very first importance, and the use of it is constantly taught to the students, as belonging to the first principles of obstetrics.

The most complete and systematic work that has appeared on the subject, is that of M. Depaul, “*Traité d'Auscultation Obstétricale*, Paris, 1847.” M. Depaul was formerly “Interne” at the “Hospital de la Clinique,” where most of his observations were made, and is a pupil of Paul Dubois, an accoucheur of world-wide fame, and personally known to many in our own country, who have enjoyed his valuable “cliniques.”

I propose to give, first, a brief “resumé” of the theory, as laid down by M. Depaul (so far only as relates to the presentations and positions), and then to offer a few observations upon its practical value.

M. Depaul states, first, that there is a point in the uterus, at which the sounds of the fœtal heart have their maximum of intensity, and that by a practised ear, this point may be accurately ascertained. It corresponds in the fœtus to the left scapular region. In the living infant, *ex utero*, the sounds are loudest in the præcordial region. But the position of the fœtus, *in utero*, is such that the back, and not the front, of the chest, is in the closest relation with the abdominal walls of its mother, and the intervening lungs are better conductors of sound before they are dilated in respiration; so that, to the obstetrical auscultator, it is the left scapular region which presents the greatest intensity of sound. This point, he remarks, is nearer the cephalic than the pelvic extremity of the body. Hence in presentation of the head, the sounds will be lower down than in presentations of the feet, or breech, and will gradually diminish from below upwards; while if the breech occupy the pelvis, the sounds will have their maximum higher up, and will diminish from above downwards. If a horizontal line be drawn through the centre of the uterine tumor, in every case of head presentation, the sounds should be at their



maximum below it; and in every case of breech presentation or footling, they should be at their maximum above it.

M. Depaul further states that in presentations of the shoulders, when the dorsal region of the child is in front, we may learn, through the stethoscope, "in which iliac fossa the head is situated, and which shoulder tends to become engaged in the upper strait." The sounds of the heart would be loudest nearer the right iliac fossa when the head is to the right, and nearer the left iliac fossa when the head is to the left; while, in both cases, they would gradually diminish in the horizontal direction.

These sounds are made to determine *position*, too, as well as *presentation*. If a vertical line be dropped upon the centre of the horizontal line, above proposed, the uterus will be divided into four sections—two above and two below. When the sounds of the foetal heart have their maximum in the left lower section, gradually diminishing from below upwards, it is a head presentation, and in the first position (left occipito-cotyloid). If the maximum is in the right lower section, with diminution from below upwards, the head still presents, but in the second position (right occipito-cotyloid). If the sounds are loudest in either of the upper sections, and diminution from above downwards, it is a breech presentation, and the sounds will be louder on the right or left side, according as the back of the child is turned to one or the other side.

A recent residence in the Dublin Lying-in Hospital (see note at the end) afforded me a favorable opportunity for testing the truth of some of these propositions, and I am convinced that they are of great value. Not that all the propositions of M. Depaul are absolutely and infallibly true—but the evidence which the stethoscope affords is of great importance, and may sometimes decide the diagnosis and influence the treatment. The pulsations of the foetal heart may almost always, if not always, be heard during the later months of pregnancy. The sounds are much louder in some cases than in others, and the extent of surface over which they are heard varies very much. Sometimes they are heard over the whole surface of the abdomen below the umbilicus, and, again, they are restricted to very narrow limits. These circumstances must be greatly influenced by the position of the foetus, its degree of vigor, the quantity of liquor amnii which intervenes, &c. When the liquor amnii is abundant, the membranes remain entire, and the presenting part is not yet fixed in the upper strait, we readily conceive that the position of the child may be changed more or less, even just before the commencement of labor. Under such circumstances, the evidence afforded by auscultation may be uncertain and unreliable. I have myself found the maximum of sound at the left, when labor had actually commenced, which, a few hours before, was at the right. Before me are the notes of 43 cases observed in the Dublin Hospital, and the only ones of which I have preserved an account. Women are only admitted into the institution when labor is believed to be commencing, or about to commence, and the observations were made indiscriminately among them. In some cases the labor had commenced, and the liquor amnii had been discharged, while in others this had not taken place.

Let us suppose the mother's abdomen to be traversed by two imaginary lines, crossing each other at right angles—one vertical, piercing the umbilicus, the other horizontal, passing just below it—and we have divided the whole surface into four spaces, two lower and two upper. Of the 43 cases just mentioned, the maximum of sound was found in—

1. The left lower space in	-	-	-	-	28 cases.
2. The right lower space in	-	-	-	-	5 "
3. The median line below umbilicus in	-	-	-	-	3 "
4. The left upper space in	-	-	-	-	2 "
5. The right upper space in	-	-	-	-	2 "
6. The median line above umbilicus in	-	-	-	-	1 "
7. Having two distinct foci in	-	-	-	-	2 "

The first 28 cases, examples of the first position of the head, left occipito-cotyloid, go plainly to confirm the rule. So do 3 of the 5 cases in the second class, which were instances of the second position of the head, right occipito-cotyloid; while of the other two, one was a premature birth at seven months. In the 3 cases of the third class, the sounds having their maximum at the median line, and diminishing equally on both sides of it, the presentation was indicated, while the position was not. Of class four, in 1 case the presentation was a breech, according to rule; in the other, a head, contrary to rule. In both cases of class five, the presentation was of the head, contrary to stethoscopic indications. In one of these cases the liquor amnii was noted as unusually abundant. The case in class six was also a head presentation. In this instance, I remember that the observation was made a day or two before the commencement of labor. Both the cases in class seven proved to be of twins, as indicated by auscultation. In the first case of twins, one maximum was to the right, above the level of the umbilicus, and the other in the left iliac fossa; in the second case, one was in the centre of the lower right space, and the other far over on the left side. In the first instance, again, the sounds could be perceived all along a line extending from one focus to the other, though very faintly in the centre of it, and increasing towards each extremity. In the second case, it was quite lost in the interval.

Out of the forty-three cases, then, there are six which seem to contradict the rules which should apply to them, while a very large majority go clearly to sustain them. In connection with several of these six exceptions, some peculiarity of circumstance has been noted. Further, it seems to be extremely probable that if auscultation had been practised, in every case, after the commencement of labor, and when the presenting part had become engaged in the superior strait, the exceptions would have been, at least, less numerous, and, perhaps, not more than are found to most general rules. It will be remarked that the observations here given only include cases of presentation of the head, in different positions, presentation of the breech, and two cases of twins. The impressions remaining in my mind of other observations, of which no notes were preserved, harmonize very well with the results of these.

M. Cazeau writes that his own experience permits him to regard it as



certain, that "when the pulsations of the heart are perceived low down, in front, and to the left, the head presents, and in the first position, left occipito-cotyloid: that when they are heard low down, in front, and to the right, the head still presents, but in the second position, right occipito-cotyloid; and, further, a breech presentation may be suspected when the pulsations are loudest at the level of, or above the umbilicus." He does not think that presentations of the shoulders can be precisely diagnosed by auscultation alone, as proposed by M. Depaul.

It seems to me probable that much of the uncertainty which has attended observations of this kind, is owing to the fact that they have often been *made at too early a date* to determine the final position of the fœtus. Until the presenting part is actually engaged in the upper strait, the position of the child may change more or less from day to day. But let the observations be uniformly made when the labor has actually commenced, and *the presenting part has taken its final position at the superior strait*, and I am convinced the results may be regarded as of much and definite value.

I have confined these remarks to auscultation as a means of diagnosing the presentation and position of the fœtus in utero, only detailing, besides, two cases of twins. Its value, as affording a certain sign of pregnancy, and in indicating to the accoucheur the appropriate time and manner of interference in many cases of unnatural labor, cannot here be spoken of.

Most respectfully yours, I. T. DANA, M.D.

Portland, Nov. 16, 1852.

N. B. The Rotunda Hospital, Dublin, is the largest, of its kind, in the world, I believe, excepting only that at Vienna. Since its opening, in 1757, not far from 170,000 women have been confined in it, and more children have first seen the light within its walls than would constitute the entire present population of Boston.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 15, 1852.

*Dr. Hooker's Inaugural Address.*—After achieving a reputation as an author of which any professional gentleman might be proud, Worthington Hooker, M.D., formerly of Norwich, Ct., was elected to the chair of Theory and Practice in Yale College—and a wise election it was, on the part of the trustees. It is so rare, in these days of political expediency, to see a person elevated to a place of honor, solely on account of his eminent qualifications, that the circumstance is regarded almost as a phenomenon, and therefore worthy of a special record. Dr. Hooker was taken on the score of excellent qualifications. He deports himself at New Haven admirably. He can build up and sustain the school, if any one can; and the friends of the institution have reason to congratulate themselves on the appointment. But we have before us the doctor's inaugural discourse, an agreeable production, smooth as a summer's sea, all the gems at the bottom being distinctly seen as the reader glides over the surface of its

many fair pages. It is desirable that the production should be extensively read, and we therefore refrain from extracting sentiments or paragraphs, that should be studied in connection with the whole. Dr. H. manifests a professional independence that is truly praiseworthy, and his whole address interests while it instructs. Fearlessly as the author attacks the absurdities and crudities of the medical ranks, he is never ferocious, or in the least degree unjust. Were such traits discoverable, we should as quickly complain, as any other aggrieved member of the medical fraternity. Dr. Hooker is for unabated effort in progress and reform. "Then will the prospects of our science be bright indeed, and our profession will labor without embarrassment, and therefore with abundant success, in its appropriate work of observation."

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*Dr Preston's Address*.—There are several connecting historical links introduced into this discourse, which mark specific periods in the history of medicine, of a curious as well as instructive character. If we differ from the author in regard to theoretical doctrines, there is no earthly reason why he should not be commended for his industry and tact in arranging chronological memoranda, illustrative of the ever-changing views of men on the subject of medicine. Mrs. Willard is respectfully referred to as having "supported her theory by many ingenious experiments." "If," says Dr. Preston, "the new-born infant does not breathe, the blood does not circulate—the heart is still as death; if it does breathe, the heart moves, the blood mounts upward with the pulses of life—and man becomes a living soul." There is a thought suggested in the 43d page worth looking at very deliberately. "Our laws proscribe no one who has the means to purchase a title—why should our institutions?"

"Why should they take the pains?  
Purses are heavier, sure, than brains."

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*Letters on Syphilis*.—Every study has its appropriate literature, in these times of subdivision of labor. A concentration of thought and action upon one subject brings out all there is to be known about it. We are beginning to appreciate the advantages accruing from following specialties in practice, and also of conducting inquiries into any art or mystery, whether it relates to the nature of disease, or the organization of an animal. But there is nothing new in all this, since the ancient Egyptians, according to the Father of History, originated the idea that perfection resulted from concentrating the powers of an individual upon one point, instead of a number;—"hence there was a physician for the teeth, another for the ear, and a third for the eye," &c. Mr. A. Hart, of Philadelphia, has published a neat octavo, embracing an English translation of M. Ricord's letters on syphilis, with an introduction by Amédée Latour, and translated from the French by W. P. Lattimore, M.D. The work is admirably printed, with a clear, good type, and we doubt not its favorable reception by the profession. Comments on Ricord's writings would be quite absurd. He has the entire ground in his peculiar study, and stands out before the medical world, in bold relief, as the most eminent authority on the malady of syphilis.

No necessity exists for referring to the translation now being published in this Journal, by Dr. Slade, of the same series of letters, as the reader has them before his eyes; and those of them who procure Dr. Lattimore's



translation can readily compare the two. Either are good enough—for the purpose contemplated is simply to relate, in English, M. Ricord's doctrines, as delivered by him in France.

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*Mass. College of Pharmacy.*—Dr. Charles T. Jackson has commenced a course of twelve lectures in Boston before this institution. Every person who is permitted to dispense drugs and medicines, should have the opportunity of hearing this learned chemist. It will very much redound to the reputation of the college, to have an annual systematic series of lectures by competent men. This is an age of intense scientific activity, and it would be a reproach to us in Boston, were the apothecaries among us negligent in respect to the professional education of those who are learning the art and mystery of the drug-business.

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*Physicians for Australian Ships.*—Young professional gentlemen who would like to make the round of the world, by taking a voyage to Australia, are likely to have opportunities. There is no compensation beyond payment of all personal expenses. We were applied to last week to point out a physician for a vessel nearly ready to sail. It would be entirely a trip of pleasure.

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*Opium Trade.*—In 1850, Dr. Nathan Allen, of Lowell, Mass., wrote a pamphlet on this subject, embracing a sketch of its history and effects, as carried on in India. Having found its way to that country, it appears to have been the basis of a profound article, in the Bombay Telegraph, which has recently appeared in the Living Age. Dr. Allen seems to have embraced the whole ground, even to the moral evil growing out of the reckless system of trade in the hands of English capitalists. We are gratified with the discovery that an American physician is actually better authority than any of their own people, in respect to the statistics of drugging China with the seeds of death. Forty-five thousand chests are smoked in China, annually. At seventeen grains, daily, to a man, a fair average, there must be four millions of opium smokers to consume this quantity!

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*Irregular Regulars.*—Circulars, printed notes, and other happily conceived devices for arresting the attention of people who have no time for reflection, are flooding this part of the country, recommendatory of the pills and powders of certain individuals, who are represented as gentlemen of established reputation, and therefore above suspicion. There is a prodigious amount of quackery conducted under the guise of a *strong sense of duty*, which compels certain physicians to disengage themselves from the trammels of society discipline, and strike out an independent course of their own, simply to put into the hands of the great public some remarkable preparation that is quite unknown to the ordinary medical brotherhood. Many a fortune has been amassed by a come-outer; but it is the meanest of all courses to turn traitor and then set up the apology of a prompting conscience. We thought of individualizing a few of the most conspicuous of these conscientious speculators in health, whose heralds, in the form of pamphlets, appeals, notifications and cautions, in the course of a week have collected on our table. But cataloguing them would rather promote the objects of their proprietors, and the idea, therefore, was abandoned. Under

this peculiar aspect of affairs medical, what can be done in the case of those who put all rules of professional propriety at absolute defiance? Presuming that others have contemplated the erratic course of many a recusant brother, what course, in their opinion, can be devised to uphold the respectability of the medical profession, and preserve it from the contempt of well-directed minds? The question is open for discussion.

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*The Mind and the Nervous System — The Nerves of the Iris.* — A note from the author of the first article in to-day's Journal, requesting a correction of some remarks on page 418, was not received till after that part of the Journal was put to press. The insertion of the following note in this place is all, therefore, that we can do in the way of correction the present week:—"The ciliary ganglion, which supplies the iris, receives filaments from three sources,—the third, the fifth, and the sympathetic. Of these the third in reality corresponds to the anterior cord, inasmuch as the mind regulates by it the motions of the iris according to impressions of light made on the retina; the fifth performs the same office for tactile sensations, while the sympathetic is used for controlling the blood-vessels."

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*Medical Miscellany.*—Quite a revolution is going on in the professorial chairs in Philadelphia, according to Dr. Bryan's Journal. Medical students have poured into that city in surprising numbers the present lecture season. —Dr. Cotting's discourse on Nature and Disease, has been issued in a handsome pamphlet form.—There are 145 students at the medical course in the University of Michigan, and the number is constantly increasing. Tuition free.—When the lectures commenced at the Medical College of Georgia, 200 students were present.—Dr. John Bell has reëstablished himself in Philadelphia, where he will soon issue a work on mineral waters. —The yellow fever is still raging most destructively at St. Domingo.—Small-pox is prevalent in certain towns in Worcester co., Mass., says a correspondent.

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**TO CORRESPONDENTS.**—A communication from New York on the subject of the new operation on exposed dental nerves has been received, but not examined. If relating to the controversy respecting priority of discovery, it will be inadmissible. A short paper on this latter point, alluded to last week, designed to reconcile the conflicting claims of the two parties, has been crowded out of to-day's Journal, but will be inserted next week, and it is hoped will finish the controversial part of this subject.

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**ERRATUM.**—The Steamer Canada, with Dr. Channing on board, was not escorted out of Liverpool in September by so large a fleet of steamers as was represented in last week's Journal, at page 400. The number 107 should have referred to the Canada's "company," or officers and crew.

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**MARRIED.**—At Springfield, Vt., Alvah R. Cummings, M.D., to Miss Mary C. Davis, both of Acworth, N. H.—At Abington, Ms., Dr. A. P. Chase, to Miss Deborah C., second daughter of the Rev. A. P. Howland, all of A.

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*Deaths in Boston*—for the week ending Saturday noon, Dec. 11th, 71.—Males, 36—females, 35. Abscess, 1—accidental, 2—inflammation of brain, 2—consumption, 11—convulsions, 1—croup, 3—dropsy, 1—dropsy in head, 1—infantile diseases, 6—exhaustion, 1—erysipelas, 1—typhoid fever, 4—scarlet fever, 15—hooping cough, 3—disease of heart, 2—inflammation of the lungs, 7—old age, 4—purpura, 1—disease of the spine, 1—teething, 1—thrush, 2—unknown, 1.  
Under 5 years, 35—between 5 and 20 years, 12—between 20 and 40 years, 13—between 40 and 60 years, 2—over 60 years, 9. Americans, 35; foreigners and children of foreigners, 36. The above includes 3 deaths at the City Institutions.



*Hullihen's Operations for Exposed Dental Nerves.* TO THE EDITOR, &c. Dear Sir.—The unfairness of the whole of Dr. S. P. Miller's article relative to Hullihen's Operation for Treating Exposed Dental Nerves, in your Journal of Nov. 17th, compels me to seek an opportunity through the same channel to reply, so far as the article relates to priority of discovery.

I have nowhere furnished Dr. Miller with the inference that Dr. Hullihen had no evidence of the treatment of exposed dental nerves by his operation previous to the winter of 1850–51; but on the contrary, the whole tenor of my paper published in your Journal of Nov. 10th, contradicted any suspicion that might arise, that Dr. Hullihen *concealed* this operation, until he had filed a "written description" with his "legal adviser," or for any sinister purpose. The attainments and eminence of Dr. Hullihen, as a dentist and surgeon, would also not only forbid the probability of his harboring professional secrets, but would lead to the conclusion that this operation, to which he attaches so much importance, would, early in its discovery, be made the subject of scientific inquiry and debate, with such gentlemen of medical attainments, as he most frequently met. In confirmation of this, I append the following letters from professional gentlemen which most conclusively establish the claims of Dr. S. P. Hullihen, which have been assailed by Dr. Miller.

Wheeling, Nov. 20th, 1852.

DR. S. P. HULLIHEN. Dear Sir,—In reply to your request, that I should state what I know in relation to your performance of an operation to relieve or prevent the pain of exposed dental nerves, which operation is described in Dr. Cone's report to the American Society of Dental Surgeons, and called by him "Hullihen's Operation," I will briefly say, that you have performed the operation three times upon my own teeth;—*first, in the summer or fall of 1846; second, in the fall of 1850; and third, in the summer of 1852.*

I may further state, that for the last six years and a half, our offices have been in the same building, and before that, for several years they were very near together,—*and that from before the time you performed the first operation on me, I have through your invitations, had frequent opportunities to witness the performance of the operation, as well as to examine cases in which the operation had previously been performed.* I have also on several occasions, conversed with you in regard to the probable explanation of the phenomena produced by the operation, which operation, singular as it may appear, prevents pain in a tooth, although the plug may press firmly upon the exposed and tender nerve.

Very respectfully,

JOHN FRISSELL, M.D.

Alleghany city, Pa., Nov. 18th, 1852.

DR. S. P. HULLIHEN. Dear Sir.—In answer to your letter of the 14th inst. inquiring what knowledge, if any, I possess in relation to the operation of drilling into the nervo-cavity of a tooth, called in Dr. Cone's late report, "Hullihen's Operation," I beg leave to say that I entered your office as a student in the spring of 1846, where I remained for three years; that even during the first part of my pupilage, I witnessed the operation in question by you, several times, and since my location in this city in 1849, I have been performing the operation with entire success.

Very respectfully yours,

DANIEL BOISOL, Surgeon Dentist.

Pittsburgh, Nov. 18th, 1852.

DR. S. P. HULLIHEN. Dear Sir—Your letter soliciting a statement of what I know respecting an operation upon exposed dental nerves, particularly described in Dr. Cone's last report to the American Society of Dental Surgeons, under the name of "Hullihen's Operation," reached me this morning. In reply I have only to state, that I was a student in your office from the autumn of 1846 up to 1850; that I had frequent opportunity of seeing you perform the operation referred to; that you taught your students to esteem it as one of the most valuable operations in dental surgery; that you performed the operation upon one of my teeth, and gave me the opportunity, while in your office, to perform it upon others.

Yours respectfully,

W. F. FUNDENBERG, M.D., Dentist.

Other equally satisfactory proof could be forwarded to you, and if the testimony of unprofessional individuals was to be taken, a score of similar letters could be offered to sustain the claims of Dr. Hullihen.

I must decline being held responsible for Dr. Miller's obtuse mental faculties; but will assure him, that the gross piracy and plagiarism, which, it would appear, his own guilty consciousness has forced him to *publicly deny, before publicly charged on him,* shall be most fully discussed in a dental journal, agreeable to his not very courteously expressed wish.

C. O. CONE.

Baltimore, Nov. 26th, 1852.

*Air-Bed for Invalids.*—At a late meeting of the Medical Society of London, a new air-bed, made at the suggestion of Dr. Hawksley, and said to combine several very useful desiderata for the sick and bed-ridden, was exhibited by Mr. Bax, of Charing-cross. We have an opportunity now of mentioning only its most important and original feature, that of affording the means of carrying off effused fluid, whether the product of fomentations, baths, or urine from incontinence. This is managed by means of a vulcanized india-rubber tube, with a somewhat funnel-like commencement, being made to penetrate the bed through its centre, and which, opening when in use, being the lowest part of the surface, effectually drains off all fluid. It is likely to be very useful for old and enfeebled subjects.—*London Lancet.*

"Grooms are the most practical physiologists concerning digestion. If their master's horse comes in over-jaded by a long run, they give him a little water and half an hour's rest before they put in the carbon and nitrogen (oats and beans), well knowing that the horse would not feed, or feeding would become dull, because his 'powers of stomach' 'ar'n't come back again yet,'"

T H E

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RESPIRATION SUBSERVIENT TO NUTRITION.\*

BY E. LEIGH, M.D., TOWNSEND, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

NUTRITION is the cardinal function of organic life throughout the whole animal kingdom. In the higher animals, and especially in the human system, a great number and variety of functions are subservient to this, all converging towards it as a common centre. Among these may be mentioned mastication, salivation, deglutition, digestion or chymification, chylicification, respiration and circulation. Some of these functions, however, such as digestion, respiration and circulation, are common to all animals, even the very lowest. They all must receive, dissolve, elaborate and circulate the materials necessary to build up their tissues and sustain the vital action of all their organs. It is only in the very first period of their life, when they exist in the form of a simple germinal cell, that these subordinate functions appear to be wanting. The nutrition of such a cell-animal would seem to be conducted without any preparatory process, unless the function of respiration be probably associated with it.

In the higher animals the many various functions referred to are, to a great extent, performed each by a separate organ; so that, in the human system, we find a large number and variety of distinct organs, a peculiar and appropriate office being assigned to each. In the lowest radiata, on the contrary, these functions, or rather so many of them as are essential, are performed by the walls of a single cavity. Thus, in the highest animals, there is a complication of many diverse organs, and each organ is also more or less complicated in itself, but the function of each separate organ is extremely simple; while in the lowest polypi, the reverse is the case, they having a single cavity, a simple organ, performing complicated functions. In the intermediate types of the animal kingdom every variety between these two extremes may be observed. And, though the gradation is not absolutely regular and uniform on account of the tendency in each type to attain a higher and higher development in its own peculiar direction, and on account of some peculiar adaptations, as in the case of the carnivora as compared with the herbivora; still, as a general

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\* This article was written in March, 1850 (being the writer's "graduation thesis"), and is here printed without change; its allusions, therefore, to the views of physiologists have no reference to works published since that time.



rule, we have, as we ascend from the lowest to the highest types, an increasing distribution of the functions among a variety of diverse organs ; and as we descend from the highest to the lowest, a tendency to concentrate the various functions upon a single organ.\*

If now the four great divisions of the animal kingdom be compared with each other, with reference to the tubes which contain and circulate the nutrient fluids, it will be seen, that in man there are *three* distinct sets of such tubes ; one consisting of the stomach, duodenum and small intestines, with their glands and glandular diverticula ; another, consisting of the lacteals, mesenteric glands and thoracic duct, with the connected lymphatic system ; and another, consisting of the veins, right auricle and ventricle, pulmonary vessels, left auricle and ventricle, arteries, and the capillaries. These three sets of tubes, with some modifications in their details, are found throughout the whole type of vertebrata. But, at the other extreme, in the radiata, we have only *one* set of tubes, all opening freely into each other, being, indeed, but ramifications of one central cavity. We have, even, in some of the lowest polyps, only the central cavity itself, without branches, the fluid contained in this cavity being circulated around its walls by their contractions, very much as the contents of the stomach are moved about in that organ by its contractions. In the intermediate types, and especially in the great division of articulatata, there are *two* sets of tubes, a set of digestive tubes, and a set of vessels opening into each other and containing only chyle ; the two sets, however, being distinct from each other, and only connected, as the intestines and lacteals are in the human system.

Thus throughout the whole great division of vertebrata, of which man is the highest type, there are *three* distinct sets of vessels, the chymiferous, the chyliferous or lymphatic, and the sanguiferous or blood-vessels ; the next lower divisions, the articulata and mollusca, have only *two* sets of vessels, the chymiferous and chyliferous, the bloodvessels not existing in these types ; while the radiata have but *one* system of vessels, the chymiferous, both the chyle- and blood-vessels being wanting in this type. While, therefore, in the highest division, the food is transformed successively into chyme, chyle, and blood, before it is presented to the various tissues for assimilation and nutrition, in the divisions next below, it is transformed into chyme and chyle before it is prepared for the nutrition of the body ; and in the lowest division, the process of elaboration extends only to the formation of chyme. The circulation of the vertebrata is thus a circulation of *blood* ; that of the articulata and mollusca is only a circulation of *chyle* ; while that of the radiata is still lower, a circulation of *chyme* mingled with water.

These facts, which have recently been brought out† in their relations to each other, by extensive comparisons of the various types of the animal kingdom, have led me to a series of inquiries concerning the rela-

\* It is true that the lower animals have, often, a large number of organs. Multiplicity of parts is one of their characteristics ; but it is multiplicity of similar parts. They have many organs identical in structure, and with identical functions. This is wholly different from the many diverse organs, each having its peculiar function, which has been mentioned as so characteristic of the higher animals.

† By Professor Agassiz.

tion of the respiratory function to nutrition, which seem to be of sufficient importance to warrant some special investigations. It will be impossible within the appropriate limits of this essay to give more than a mere sketch of this train of thought.

On considering the results arrived at by such a comparison of the circulating fluids of the different types of animals, this most striking and interesting fact at once presented itself—that the nutrient fluid, whether it be in the form of blood, chyle or chyme, whether it be more or less highly elaborated, must first be aërated in the respiratory organs before it is prepared to subserve its appropriate purpose in the animal economy. This is true of all animals.

There is, in this respect, a remarkable uniformity, throughout the whole animal kingdom as compared with the diversity of the fluids which has just been noticed. Although there are five distinct plans of structure of the respiratory organs (two in the type of vertebrata, and one in each of the three inferior types), no one of which is in any way homologous to either of the others, and though these organs are variously modified to adapt them to a great variety of circumstances, still, with all this diversity and variety, they are perfectly uniform and identical in one respect. They are all so constructed, that, in them, the circulating fluid is brought into the closest relation with the air, or aërated water, the very thin membrane generally intervening, presenting no obstacle to the most perfect interchange of influences. So that, in all animals, from the highest to the lowest, the nutrient fluid is subjected to the action of oxygen by being brought virtually in contact with it in the respiratory organs, before it is prepared to minister to the higher function of nutrition.

The chyme and chyle of vertebrata are each perfect in their kind without the agency of the respiratory function, while the blood must be acted upon by oxygen before it can be assimilated; but in the next lower type of animals, though the chyme can be perfected without the aid of respiration, their chyle is not fitted for assimilation, until after this indispensable function of respiration has intervened; while, in the lowest class, even the chyme requires to be subjected to the influence of oxygen before it is perfectly adapted to the nutrition of the body. In all animals, therefore, the nutrient fluid, be it blood, chyle or chyme, must be aërated before it can be assimilated.

Physiologists have hitherto supposed that this aëration of the blood has principal reference to the maintenance of a due degree of animal heat. With this, the decarbonization of the blood has been connected as subsidiary to it, or as also having an importance of its own in purifying the blood of a poisonous element. One or both of these offices of respiration have been insisted upon as constituting the essence of this function, and have been discussed at great length. The relation of the respiratory function to nutrition has either been overlooked, or barely mentioned, or, at most, briefly and doubtfully discussed. This is unquestionably in a great measure owing to the fact, that in this, as well as in other departments, physiology has been studied with exclusive reference to the human system, or with some occasional references to other vertebrated animals, all of whom circulate blood containing red corpuscles. It



is only in a few rare and more recent instances that comparisons have been freely extended into the inferior divisions of the animal kingdom.

But certainly there can be no reasonable objection to going to the invertebrated animals for light upon this or any other question in human physiology. On the contrary, such extensive comparisons are of the utmost importance and will lead to the most valuable results. It is true, that their plan of structure is entirely different, that there is no homology whatever between them and the highest type to which man belongs. It has been satisfactorily shown that each of the four great divisions has its own peculiar plan of structure, having, in this respect, nothing in common with the others. So that, while we may compare the legs, wings and fins, of the various classes of vertebrata with each other with reference to the plan of structure, we cannot make the least comparison, in this point of view, beyond the limits of each great division; we cannot compare the feet of man, of insects and of starfishes, with each other. Still less can we compare the wing of a bird with the wing of an insect, the former being a modified leg or arm, the latter being a modified lung. So the penis of a lobster is a modified leg, which is not the case in any vertebrated animal. And the eye of a crustacean corresponds homologically to the end of his claw, but the eye of man cannot be in any way compared to the tip of his finger. So that the plan of structure of each great division is peculiar to itself, and in no way related to either of the others, or comparable with them. We cannot advance one step in reasoning from the organs of the invertebrata to the organs of the vertebrata in this point of view. This has long since been settled, and is now beginning to be generally admitted in practice.

But not so with the functions of animals. Here they come together and can be compared with each other. They all alike consume oxygen and give out carbon; they all consume and contain within themselves more or less of nitrogenized compounds; the law of cell life and cell action is common to all, as all originate in cells, their elementary tissues are formed from cells, their functions are carried on by the agency of cells. In all the four great types, we find the functions of locomotion, prehension, deglutition, digestion, circulation, respiration, nutrition, reproduction. Even their various organs, though so diverse and distinct in their plan, approach each other more or less nearly, often very nearly, in their mode of adaptation to perform the same function. For instance, the gills of vertebrata, of articulata, and of mollusca, though formed upon three perfectly distinct types, are, yet, very closely allied in their form, and in the manner in which they are adapted to this common function. In this respect, therefore, the law of the four great divisions of the animal kingdom appears to be—utterly diverse types of organs, similarly modified, for identical functions; or, organs, typically diverse, morphologically similar, functionally identical.

Therefore, while we are not permitted to reason from the invertebrated animals to man with reference to the plan of structure of the various organs, we may reason from the lower to the higher classes with reference to the great functions common to all, and avail ourselves of the light

which the phenomena of one type throw upon the more obscure and complicated phenomena of another.

The great advantage to be gained by extending the domain of comparative physiology to the whole animal kingdom, and studying human functions, by the light poured upon them by an observation of the functions of the lowest animals, is apparent from the fact, that there are among these lower animals, some which are perfectly transparent, and so small that they can be brought under the microscope and kept there in a living state while all the functions of life are going on ; and not only all the minute details of the tissue, but each organ while in the actual exercise of its function, can be brought into the focus of the microscope, and there deliberately studied. Moreover these animals are, some of them, composed of unmodified cells, the muscles, for instance, being bundles or rows of contractile cells, and the nerves being strings of peculiar sensitive cells ; so that, not only can the living organ be observed while performing these functions, as if the human heart or stomach were placed for hours under the eye of an observer looking through a window in the chest or abdomen, but the separate cells themselves are caught in the very act of living their cell life, and working out their peculiar cell functions.

No one, therefore, can question the propriety, and even the immense importance of studying human physiology in the light thus thrown upon it. And here a door is thrown open to new and wonderful chambers of our science which have remained hitherto unexplored, and which probably contain more valuable treasures than any that have yet been brought to view.

Without pretending or attempting, at the present time, to bring forth any of these hidden treasures, I may yet be permitted to avail myself of the simple and now obvious fact, of the diverse circulation and uniform and universal respiration of animals, to obtain, if possible, some light upon the true office of this latter function.

[To be continued.]

#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the Boston Medical and Surgical Journal.

##### THIRTEENTH LETTER.

MY DEAR FRIEND,—I return to the *mucous tubercles*. As you know, this accident, with many writers upon syphilis, is contagious. Among the proofs invoked for the support of this opinion, we must note that which considers as a result of contagion the successive development of these *mucous tubercles* upon those portions of the skin which are contiguous to those where the accident first developed itself. Thus, patients are seen who have these mucous tubercles upon the sides of the scrotum. Do they develop themselves upon the inner portion of the thighs—contagion ! cry out the partisans of this opinion. If upon one side of the anus these tubercles gain the opposite side—conta-



gion ! they again cry, and so on. Those of my brethren who profess this doctrine, and there are among them some very distinguished ones, forget one little circumstance ; to hold in consideration the cause which has produced the first tubercles ; that is to say, the state of the constitutional infection under which the patient labors, a condition which can cause a second and a third tubercle to put forth, for they do not all appear at the same time. The consideration of the seat of preference of these tubercles cannot in any way aid the doctrine of contagion ; in fact, if there is a contiguity in the parts of the skin where these tubercles appear, we must also remark that the acrid secretions are more active ; that the skin, in these places, has a tendency to the mucous transformation, as in the neighborhood of the genital organs, of the anus, &c. How can we explain, moreover, by contagion, the development of these mucous tubercles from one arm-pit to the other ?

I shall remain, then, always convinced, until proof to the contrary arrives, that when some have thought to have seen *mucous tubercles* contagious, while they have admitted that they could be primary accidents, they have erred in diagnosis. I do not think it useless to call to mind that *the chancre, at the period of reparation*, often assumes, in granulating, the aspect of mucous tubercles, that it can undergo sometimes a veritable metamorphosis, and become *in situ* a secondary accident, the physiognomy and the nature of which are those of mucous tubercles. If we have not been witnesses of its commencement, if we neglect to invoke the testimony of the neighboring glands, the remains of the margin of the ulcer and the characters of its base could have been so modified, that the differential diagnosis would be very difficult to make, especially for inattentive eyes and for fingers little skilled. Add to this certain particular seats, where the primary accidents are not usually observed, and where also the transformation of the chancre is more easy, and more rapid, as upon the lips, upon the tongue, upon the nipples, and you will see how easy it is to be deceived.

All those veroles, transmitted by kisses more or less lascivious, by the utensils of the table, by pipes, razors, masks, &c., have no other origin. And how many times have not these circumstances been *honest* pretexts for dissimulating other contacts ! The mask, moreover, has been from all time, and in our day still, a very convenient article for dissimulating a compromising diagnosis.

Even in certain religious practices, my friend, they have sought proofs of secondary contagion ; thus they have arranged in this category the syphilitic accidents transmitted to infants by the process of the Hebrew circumcision. But these accidents find their natural explanation in the presence of the primary accidents in the mouth of the circumcisers. Let me here be permitted to say that I am one of those who have most contributed to cause the ancient and dangerous practice of the suction to be rejected by the Israelite Consistoire of Paris.

Many physicians will not absolutely take into consideration the facility with which the chancre passes into the secondary state ; they occupy themselves only with its seat ; and when they see a chancre in the mouth, they are induced to consider it, from this fact alone, as a secondary ac-

cident. Herein lies a grave error of observation ; this gives me occasion to say that the primary ulcers become much more frequent in the mouth than in the anus. I meet with these last much less frequently, both in the hospital and in the city, than formerly. It appears to me that certain shameful practices diminish in frequency, and that there is progress in this respect in the public morality. However it may be, from the fact alone that a chancre is seated in the mouth, don't conclude that it is a secondary ulcer. Do not forget the famous genito-labial nerve invented by Voltaire, a spiritual pleasantry which must be sometimes considered as serious. I knew a very distinguished brother physician, who has always remained convinced without other proof, that an ulcer of the cheek had been communicated to him by a *secondary kiss*.

If I have told you that I have often seen persons affected with different varieties of mucous tubercles upon the genital organs, who transmitted nothing in their sexual intercourse, I ought to tell you, also, that I have seen an equally large number with numerous tubercles upon the lips, upon the tongue, and upon the throat, who lived in family, and who practised all the buccal contacts permitted, without ever transmitting anything. I know a gentleman of the neighborhood of Paris who had during six months, numerous tubercles upon the tongue and upon the lips, who has had with his mistress all possible intercourse, very negligent about his treatment, and who, convinced that the accidents which he had could not be contagious, has continued his intercourse without ever communicating anything.

It is moreover, as regards the transmissibility of these secondary accidents from the nurse to the child, and *vice versa*, that this question becomes important. The fact of this transmissibility is generally admitted. Hunter has, however, denied it, and many serious observers partake of the opinion of Hunter. This question is so important that you should permit me to give it some development. It concerns public hygiene. It is often a question of legal medicine ; fraud, infidelity, cupidity, can be brought into action ; it is important, then, to guard against all the causes of error, and not to accept with readiness the stories of individuals who could have more or less interest in deceiving us.

If one consults the archives of science, if one searches for the basis upon which the opinion of the contagion of secondary accidents of syphilis from the nurse to the child, and reciprocally, rests, he is astonished at the little value of facts, and how many grave men there are who are content with little. M. Bouchert, for example, in a memoir recently published (*Gazette Medicale*, 20 Avril, 1850), has collected all the facts which have appeared to him the most positive. Well ! read this book, interesting in other respects, and you will be convinced, like myself, that the greater part of these facts are not admissible, that the observations which appear the most probable are wanting in essential details, and are so incomplete that M. Bouchert is himself forced to confess it, to such a degree that he finishes by allowing that his conviction upon this point is more moral than scientific.

Here is what I myself have observed in this matter.

I have seen nurses and infants infected, who have been mutually ac-



cused of this infection; most generally I have succeeded in finding the point of departure, regular and inevitable, going back to a primary accident in one or the other. Sometimes I have met with merely simple coincidences. In those cases where it has not been possible for me to go back to the primary cause, I arrived too late; the children were not presented to me till five and six months or more after their being put to nurse. I have had, during several years, a ward of nurses at the Hospital du Midi. In this ward, I had often women affected with simple leucorrhœa, to whom I gave to nurse children sent to me from the Maternité, infected with secondary accidents, and never under my observation were these women infected.

On the other hand, nurses affected with very manifest secondary accidents have given the breast to infants sent to me as infected with syphilis, these latter having in reality nothing but simple eczematous, impetiginous eruptions, or species of porrigo, and never under my observation were these infants infected. My learned and industrious friend, Dr. Nonat, charged during a long time with the care of the nurses dependent upon the administration of hospitals, has arrived at the same results, and does not believe in the contagion of secondary accidents from nurses to children, and *vice versâ*.

In my private practice I have seen a great number of facts of this kind. Here is one of the most remarkable, which I observed together with my friend Dr. Chaillly-Honoré. The subject of it was an infant born with hereditary syphilis, and in whom, six weeks after birth, various accidents made their appearance, such as mucous tubercles of the ano-genital regions, humid scaly papulæ upon the trunk and upon the limbs, deep ulcerations upon the lower lip. This infant was given to a nurse upon the spot at the moment of its birth. We were able, both M. Chaillly and myself, to observe the child as well as the nurse, during the eighteen months that the nursing continued. The ulceration of the lip persisted during more than three months. This was scarcely cured, when, in spite of a careful, methodical and continued treatment, a new ulceration manifested itself upon the velum palati, and resisted also during several months. Well, this nurse remained free from all infection; she enjoyed and enjoys still the most perfect health.

Surely, this is a fact well worthy of attention. I have just observed an analogous one, with my friend M. Bassereau. A child who, with other symptoms of hereditary syphilis, had ulcerations upon the lips, was nursed with entire impunity by its nurse.

You see, my friend, how important it is, in the appreciation of similar facts, to hold in consideration all the conditions in which the nurse and child could be, if one did not wish to deceive or to be deceived.

The nurse, at the moment when she takes an infant, might be under the influence of a syphilitic diathesis which nothing yet indicates. I ought to say that in general when one takes a nurse, she is not submitted to a complete and absolute examination. I add that even when this is done, we could still be deceived, for the diathesis could exist when every trace of primitive or secondary accident had disappeared, especially in such a case as chancre upon the neck of the uterus. I ought still to

add that the health of the foster-father is not always, alas ! a sufficient guarantee. I have known for a long time how I should consider the pastoral maxims upon the pure manners of the country.

The child might be born with hereditary syphilis ; child and nurse have nothing as yet apparent ; but in some weeks or months we shall see secondary symptoms manifest themselves. These might appear in the infant before, during or after a similar manifestation in the nurse. So that the first in whom the manifestation shall take place, will accuse the other, if they do not both accuse each other at the same time, which frequently occurs. They are both wrong. There is a simultaneousness, a coincidence, and with attention and patience we shall succeed in discovering the truth.

It happens sometimes that nurses contract syphilis during nursing, and the contagion can have its influence upon them through different regions. Most frequently it is by the genital organs. This fact is not uncommon for nurses who come frequently to Paris. Under these conditions the nurses infect their infants by the aid of their fingers contaminated by the virus. They infect even their husbands, and in these cases the cause of the evil is always referred to the *Parisian child*—to those *rotten* children, as these unchaste nurses are in the habit of saying. It happens very often to M. Cullerier and myself to make our observations simultaneously in our two hospitals ; he attends the woman at the Lourcine, and I attend the husband at the Hospital du Midi. These poor rustic husbands besides have an extreme candor upon the origin of their verole. The infant is invariably for them the origin of all the evil.

A mode of contagion quite common with nurses is the inoculation of the virus which they themselves convey to the nipple. Affected with a genital chancre, they carry their fingers to the diseased parts, they soil them, and then, without previous washing, they draw upon the nipple, more or less irritated, and thus implant a chancre, which they do not fail to transmit to the child. The position of these mammary chancres, of which I have recently seen a very beautiful example in the wards of M. Cullerier at the Lourcine, is very well explained by the manner in which the women take the breast to give it to the infant. I have caused another very beautiful example to be designed in the *clinique iconographique* (19e livraison).

Here is another means of contagion in nurses. I have met with one in whom a chancre had been communicated to the breast by an individual affected with a primitive chancre upon the lip, and who thought that he should render a good service to this woman in drawing off the milk by suction. Very recently there was a young man in my hospital having a primary ulcer upon the mamma, with numerous and indolent swellings of the axillary glands, which were followed at the end of six weeks with an enlargement of the posterior cervical glands, and with a confluent roseola. This young man had been contaminated by his mistress, who, with a chancre upon the lips, had lavished upon him some eccentric kisses.

Another mechanism. I have seen a nurse come to Paris to claim indemnity for a syphilis, which she said she had taken from the infant



which she nursed. This woman had an indurated chancre upon the inner side of each mamma ; these chancres were placed opposite to each other. As to the child, *rotten*, according to the nurse, it was simply suffering under a porrigio larvalis of the most common description. The parents, who were perfectly healthy, little satisfied with the accusation, and especially with the demand, resisted the pretensions of the nurse, from whom I obtained a complete avowal. A man, *who was not her husband*, in the fear of begetting a child and altering her milk, had given himself up to acts upon her, which the pen refuses to trace.

An infant can contract chancre at the time of birth, if the mother is so affected at the period of parturition. This is without doubt rare, but it is not impossible. These chancres, which are very often apt to be confounded with secondary accidents on account of their varied and unaccustomed seats, constitute, as we can easily conceive, focuses of infection for the nurses, and are afterwards offered as proofs of the possible contagion of secondary accidents. What again apparently comes to the aid of this manner of viewing things, is that in endeavoring to go back to the source from which the infant could have been contaminated, in the case where we arrive *too late*, we can find nothing upon the mother, the primary accidents which she had at the moment of the parturition having had time to become cicatrised without leaving any traces. Then if the *legal* father has in his recollection the remembrance of any blennorrhagia in his early youth, everything is laid to the charge of heritage. But what can we say, when we do not find anything and have no confessions ?

Infants at nurse can be infected by strangers, whom we do not suspect. They might afterwards infect their nurses, and before these latter could perceive the disease of their infant, and especially before they could recognize the nature of it, and account for what they themselves experience, the secondary accidents so prompt to develop themselves in young infants could have already appeared, and masked the point of departure in a manner to render it not easily recognized. I remember a remarkable case in this respect, for which my learned brother and friend, M. Richet, Surgeon at the Hospital de Lourcine, consulted me a few years ago. It was concerning a little daughter of a lawyer of Paris, still entrusted to the care of her nurse, and who was affected with syphilitic ulcerations upon the *ano-genital regions*. The parents being perfectly healthy, and the nurse absolutely in a healthy state, although she might have been suspected, the question arose from whence could come the contagion, when we learned that a clerk in the house, at that time diseased, had the habit of seating this child naked upon his hands, often soiled, and which he had not always taken care to wash. Without this discovery, how would they have explained the disease of this little child, and who would they have accused if the nurse had presented any trace or suspicion of syphilis ?

In all these cases, with habit and perseverance we can succeed in discovering the source of the accidents. But it is not always so. The mother of the child is perfectly healthy ; the *husband* of the mother is irreproachable ; the nurse is free from all suspicion ; and yet the child becomes diseased with syphilis. Here, where is the contagion ? Per-

mit me to cite to you a fact which could serve as an answer to this delicate question.

A young woman, accompanied with her husband much older, came to consult me for her child which she had just taken from the nurse, and which was infected with a constitutional syphilis, which she accused the nurse of having communicated to it. The child was almost entirely covered with a moist scaly syphilitic eruption; the region about the anus and the labia was the seat of ulcerated mucous tubercles. The child was six months old, and according to the nurse it was at the end of six weeks that the first accidents showed themselves. However, the mother and the *husband* affirm to me that they never underwent any contagion, and by a most careful examination, in fact, I could discover nothing either past or present. The nurse, examined in her turn, appeared to me perfectly healthy. Her own child, which she nursed at the same time as the sick infant, was in excellent health. I was much embarrassed in the research for the origin of the syphilis of this child, when I received the next day the visit of a young cavalry officer, who came to consult me for a syphilitic plantar and palmar eruption with which he was affected. This officer interrogated me with a touching solicitude upon the disease of the child which had been presented to me the day before, and he made me a confidant in the part which concerned him in this question; but as he did not know the laws of transmission, he was surprised to have begot a diseased child, inasmuch, said he, as he thought himself cured, and that he had no symptoms of the disease when he had connection with the lady, who in fact had not been diseased.

After all that I have told you, my friend, you see how much reserve, prudence, care and attention are necessary, before accepting as a demonstrated fact the contagion of secondary accidents. Do you not think with me, that for establishing definitely this law in syphilography, other facts are necessary than those at present deposited in the annals of science?

Yours, &c.

RICORD.

#### CATARACT IN A DOG—SUCCESSFUL OPERATIONS UNDER THE INFLUENCE OF ETHER.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

A FAVORITE "King Charles" spaniel, about three years of age, first attracted the notice of the servant having charge of him, as being partially blind, about nine months previous to my seeing him. From that time the opacity and loss of vision increased till he became totally blind.

On the 20th of April last, his condition was as follows:—Both eyes exhibit cataract of large size, completely occupying the field of the pupil. Their color is that of milk and water; but the whiteness is not uniformly diffused, each lens presenting a radiated appearance. He is evidently unable to see, and when in a hurry or excited he runs against obstacles in his path.



The animal being held between the knees of an assistant, chloric ether was administered till he became unconscious. I then introduced a Saunders's needle through the cornea of the left eye, and endeavored to make extensive incisions through the capsule of the lens. The capsule, however, had so much firmness that I was able to do little more than puncture it. A twirling motion between the finger and thumb, was given to the needle, that the central portion of the lenticular substance might be broken up. At this moment the dog suddenly drew his head backward, and the instrument was withdrawn from the eye.

After further inhalation of ether, the instrument was introduced in a similar manner into the right eye. The capsule of the cataract was still firmer than that of the left, and could not be freely incised on account of the mobility of the lens, which was suspended at one point only and receded from the instrument when pressure was made upon it. I succeeded in making a small aperture, and then endeavored to depress the cataract behind the pupil. This I partially succeeded in doing, but was unable entirely to detach it from its suspensory ligament.

No bandages were applied, nor was any restriction imposed upon the animal. No inflammation, and only a slight amount of injection, followed the operation.

May 2d.—The right lens is floating in the posterior chamber, rising and falling with the movements of the eyeball; the upper half of the pupil being most of the time free. I think the lens has somewhat diminished in size. In the left eye the lens seems to be adherent at the upper part of the pupil, but a small portion of clear pupil is visible at its lower edge. He finds his way better than before the operation.

November 13th.—“Jemmy,” my patient, has been in the country since last report. The right pupil is now nearly free, the diminished lens occupying only a small portion of its lower edge. In the left pupil a small portion of the cataract is seen at its upper edge; but it seems nearly transparent, and appears, as does that of the right eye, to be still in process of absorption. He evidently sees. He does not run against objects; and I am told undertakes of his own accord excursions from the stable where he is usually kept, which he had not attempted to do during his blindness.

27th.—The relics of the two cataracts seem to have become diminished since I last saw him, and have a honey-combed appearance, absorption evidently still going on. They do not constitute an obstacle to vision; and could the patient, like bipeds who have undergone operations for the removal of cataract, enjoy the benefit derived from double convex spectacles, his sight would doubtless be perfect.

It will afford me great pleasure to show the subject of this narrative to any of my colleagues who may be interested in seeing him. The case is not without interest in a practical point of view, since it proves that valuable animals, as horses, may be restored to sight; the administration of ether giving facilities for the performance of the operation which greatly increase the chances of its success.

33 *Essex street, Boston, Dec. 1st, 1852.*

AN OPERATION FOR THE TREATMENT OF EXPOSED DENTAL NERVE, BY DR. S. P. MILLER OF WORCESTER, MASS., AND DR. S. P. HULLIHEN OF WHEELING, VA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The operation above mentioned, promises to be one of great importance in dental surgery—a step in advance of anything we have had in that line. And the gentlemen whose names are therewith connected should have all due credit allowed them for the improvement they appear to have made in the treatment of exposed nerve or inflamed dental pulp.

But as your correspondents, Dr. Cone and Dr. Gardette—the friends of Dr. Hullihen—seem to be under some wrong impression with regard to Dr. Miller's fair claim to originality in this matter, and are urging priority for Dr. H., I beg leave to make a statement which will place it in its true light before your readers, and in a satisfactory one, I have no doubt, before the worthy gentlemen who have made the valuable discovery, and have given us the results of their investigation with most remarkable coincidence, as regards the time of publishing, and the details of their operation.

In January, 1847, I published in your Journal, the result of a new operation, which I had practised during three preceding years, for preventing the inflammation and ulceration which too commonly followed the filling of teeth after the nerve had been destroyed by disease, by instruments, or by caustics. This operation consisted in perforating the neck of the tooth just beneath the edge of the gum, by passing a fine drill into the nerve-cavity, and leaving this open after the tooth had been filled.

Nearly two years ago, in December, 1850, I believe, while conversing with Dr. Miller on this subject, he informed me that he had not only tested this mode of treatment, and found it successful in the cases for which I had introduced it; but that he had extended the operation with a view to the attainment of a still more desirable object, viz., that of preserving the tooth in a more perfectly normal state, in the manner he has described in the number of this Journal for Oct. 20th. He then gave me an account of his success in several cases.

But at that time, though I considered the object as of the highest importance in dental surgery, if it could be effected; yet I viewed the operation as a delicate and doubtful one, and did not feel inclined to adopt it till I should hear more concerning it from Dr. M.

About a year or more since, he called my attention to the subject again, and assured me of its practicability by stating many cases of a difficult nature in which he had obtained the most satisfactory results. I was thence induced to adopt the treatment, and a uniform success encourages me to continue it.

I have no doubt, viewing the dates and circumstances which I have now stated, that the thought or discovery was original with both of the above-named gentlemen. Dr. Miller, I am assured, entertains no idea that his worthy colleague obtained any information of his experiments or



success till they were published. And if Dr. Cone's statement be compared or taken in connection with the above, I think it will be clearly shown that Dr. Hullihen's movements in this new treatment could not have been known to Dr. Miller previous to the time when his own success in the same had been fully stated to some of his professional associates. And of this Dr. Hullihen himself, I think, will be fully satisfied.

Respectfully yours, J. F. FLAGG.

31 Winter street, Boston, Dec. 3, 1852.

#### MEDICAL LECTURES IN PHILADELPHIA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In pursuance of my plan of giving short sketches of the lectures now being delivered to medical students in this city, I now have to record a few items upon a lecture of Dr. Meigs. I had never before seen Dr. M. nor heard him, and was disappointed in his appearance. I had imagined he was a portly, well-proportioned man; and therefore, when I saw a thin, tall, bald-headed lecturer, presenting about the characteristics of John Randolph, of whom it was said, "a pistol-ball might be shot through him and never hit him," I could not but feel disappointed. The Professor is a perfect *withe*—active, quick, ready, sarcastic; and with an apparent consciousness that he is lecturing to the largest class of medical students in America, he pours out knowledge as though "the fountains of his great deep were broken up." He was speaking of *uterine hemorrhage*, and the manner in which he handled those professed doctors who *plug up the vagina*, and then allow the woman to bleed to death *internally*, was just as it should have been—not one jot or tittle should be taken from it; nor need anything be added to it. He compared such a doctor to the silly ostrich who hides its head and thinks itself wholly out of sight; or

"Like the bird that's called the quail,  
That hides its head and not its tail."

Such poor silly doctors, he said, because they *saw* no blood, thought there was none, until the fact that the patient was *moribund* awakened them. He said "Such a doctor ought to be hung," and justly enough, thought the writer—but what a tremendous neck-breaking it would cause among those doctors who have been graduated twenty-five years. Then the *tampon* plan was in vogue. Dr. M. closed with a good story.

Now, Mr. Editor, you have often spoken of the *great number of doctors*, and wondered, with the rest of us, where they were all to get a living. Just imagine, then, six hundred students rushing down from Prof. M.'s lecture to hear Prof. Dunglison in the room below. You might well ask, where will all these go? Prof. D. comes in. The students receive him with *uproarious* exclamations of welcome. He has laid out upon the table (which he scarcely touches or refers to) a score of *mummified hearts*; and announces that his lecture is to be upon *the circulation*. The whole quantity of blood now, he says, found in the human body, is 18 pounds. It used to be 27 or 28; but as men are de-

generating, they have not such bodies as inhabited the earth in the days of our fathers. Then, also, the heart, the *left* heart, threw out only two ounces at each contraction; now, the Germans (these Germans are a curious race) have discovered that *six* ounces of blood are thrown from the left ventricle every time it contracts. Who shall decide when doctors *thus* disagree? Dr. D. is a perfect *mill-clapper*, so to speak. He seems to make but *one* sentence, from the commencement to the close of his lecture. It is not easy to retain his lecture, though there is a constant stream of it while it lasts. Like the mountain torrent it vanishes and leaves not a trace behind. He appears to be a man of much science, and of unusually large acquirements, overflowing at all times with his subject; but he would be more compassionate to his hearers, if he would deal it out in doses a little more approximating to *infinitesimals*. He surely is not a homœopathist, so far as the *size* of his doses (taking a lecture for a dose) is concerned. He seems somewhat tenacious of his own opinions, and reminds one of the remarks of an old Scotch clergyman (the doctor is of Scotch descent)—“It behoveth a Scotchman to be *right*, for, if he be wrong, he be forever and eternally wrong.” I will not attempt to give a *synopsis*, even, of his lecture. It would take a volume.

There is a wide difference between the *manner* of lecturing at the Jefferson and at the University. At the Jefferson all seems to go upon the high-pressure system. *Bodily* exercise is great—the professors are like tornadoes, sweeping all before them. They fly about, beat the air, and act as though everything depended upon *activity* and motion; while at the University every movement is gentle and quiet, and every word well selected and appropriate. One would as soon expect a clap of thunder from a clear sky, as an unnecessary motion, or a mistake, from Drs. Wood or Jackson. I refer to these differences as characteristic of the different schools; not as wishing to give any opinion as to which is the best.

I have heard Dr. Jackson lecture again, and the more I hear him the better he lectures, or, rather, the better I appreciate his lectures. He is certainly a *very pleasant* and a *very correct speaker*.

David Paul Brown, one of the most eminent lawyers in Philadelphia, is giving a course of lectures upon Medical Jurisprudence in the Philadelphia College of Medicine. They are well worth attending, and it is pleasing to see this branch of medical science, formerly so much neglected, now beginning to receive that attention which its importance demands, in a number of our medical colleges. It is to be hoped that more thorough instruction upon this subject will prepare medical men to testify in courts of justice with greater credit to themselves, at least, than formerly; and to know when they are *skilled* and when *common* witnesses—a desideratum long needed.

*Philadelphia, November 30, 1852.*



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 22, 1852.
 

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*The Esculapian.*—Week before last, a prospectus of a newly projected medical paper was given in this Journal, to be conducted by C. D. Griswold, M.D., of New York. The prospectus embraces new features, and the work will have well-grounded claims to medical patronage. If our own profession neglect to give the weight of their influence to enterprises which actually contemplate the security, honor and progress of scientific practitioners, no member of the fraternity has a right to complain when he finds himself distanced in popular favor by successful impudence and ignorance. A publication like the one contemplated by Dr. Griswold, is calculated to meet a difficulty—for it will reach both the great public and physicians. Dr. G. is a good writer, an experienced editor, and has a tact for addressing himself to all conditions of society. In a word, Dr. Griswold is progressive—a man of the times. Such operators are as much needed in the medical ranks as among politicians.

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*Diseases of the Skin.*—Several medical gentlemen among us are giving special consideration to the various maladies to which the skin is liable in this fickle climate. The only way of becoming thoroughly familiar with the character of the diseases and eruptions to which that texture is subject, is to relinquish all expectation of carrying on a mixed practice, and concentrate the attention on that one specialty. Dr. Durkee's success is wholly referable to the adoption of this plan. An advertisement of Dr. Phelps, in our page for notices, announces his design of giving attention to skin diseases; and as his favorable opportunities and devotion to practical medicine are well known in this community, he has before him an open path to distinction in that particular department. We are advocates of this plan of attending to one class of maladies, because skill and success so generally result from it.

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*Reform Medical College.*—Dr. Beach, so long known as the self-styled reformer in medicine, has come into the city of Boston and planted his eclectic banner. A circular states the interesting fact that a new medical college under his supervision, and with the talismanic cognomen of *Reform*, has actually commenced operations in our midst. Great things are to be taught—and one of its new features is that females as well as males are to be instructed in it. The "terms for qualifying females will be \$75.00—one half payable in advance, the remainder when her studies are completed. If paid in advance, only \$50.00. Price for male students, \$100.00." Matriculation ticket, \$5—diploma, \$10. "When students are qualified for their profession, they will receive a diploma, without any formal examination, under the sanction of a charter from the State of New York." There is another peculiarity worth mentioning. "One of the most desirable and important acquisitions in this institution, is the facility offered to students of learning the healing art without the useless and dangerous practice of dissections." The world is full of changes, and by and by society will present the appearance of a garment so universally

patched, that nothing of the original can be recognized. Isms in morals and politics have entirely changed its aspects from the olden times, when adventurers were few, and honesty was a common virtue.

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*Druggist's Receipt Book.*—This is one of the neatly-printed volumes which are perpetually emanating from the press of Messrs. Lindsay and Blakiston, of Philadelphia. But we have hesitated in regard to the propriety of naming it in the Journal. Although ostensibly for the guide of druggists, it is a far better one for the professed farrier, who is so generally ignorant of the first principles of his profession. It is pleasant enough to know the composition of a thousand patent and proprietary medicines, and to understand some of the leading mixtures which are unfortunately in common use for torturing and killing horses and cattle, under the delusive idea that they are to restore them to health. But this book cannot be of much service to a scientific veterinary practitioner. Then, again, the volume is quite a salmagundi, being "the Druggist's Receipt Book, comprising a copious veterinary formulary, and a table of veterinary materia medica, numerous receipts in patent and proprietary medicines, druggist's nostrums, &c., perfumery and cosmetics, beverages, dietetic articles, condiments, trade, chemicals," &c.; and, in short, there are too many good things, or things which are good for nothing—brought into hodge-podge continuity. As property, we wish the publishers all possible success.

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*Dr. Slade's Translation of Ricord.*—When the series of M. Ricord's letters on syphilis, now publishing in this Journal, is completed, the letters are to appear in an economical form, accompanied by an analysis, and an account of the most recent system of practice. Dr. Slade proposes also a few illustrations. It would add very much to the value, and certainly to the interest of the work, if a few plates were introduced. Any book on surgery or its cognate branches, is far more acceptable to the professional public if illustrative drawings are interspersed, even if they are not of the highest order of art.

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*Kousso.*—By referring to the advertisement of Messrs. Brown & Pierce, of Salem, the profession will perceive where they can procure the article which has acquired so much reputation in the expulsion of the tape worm. Some extraordinary cases have been reported, in which kousso was found a reliable medicine. In these days of activity and science, new remedies are frequently brought to light through commercial enterprise, which are novel and surprising. Kousso is one of them, and it is desirable to have its properties thoroughly tested by practitioners.

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*Medical Students.*—An impression exists that the number in attendance at medical schools is considerably smaller, in the aggregate, the present season, than usual. This is gratifying intelligence; but without a footing up of the catalogues, it is quite impossible to determine the point. Too many have been entering the profession for the last ten years. If government would commission ten where one is now taken into the public service, it would present a prospect of encouragement: but we have no great standing armies requiring a numerous staff of surgeons; the navy is economically provided with them, and merchant ships rarely venture upon



the expense of a medical officer. There is so little to look forward to, in regard to income from business, in the present crowded state of the profession throughout the whole length and breadth of the land, that no one can be surprised should there be a falling off of candidates at the schools. At the West, there is much more room for an increase in the medical ranks than in New England. There a physician may grow up with a town, and hold that position which is due to enterprise and talent; but in the old Atlantic States, in which every order and kind of medical adventurers abound, a young *Æsculapian* finds himself in a limited sphere of action, with no immediate encouragement, and discovering that life is too precious to be frittered away in hopeless expectancy, very many abandon the field in disgust, and turn their attention to something else.

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*Treatment of Disease.*—Dr. Bigelow's admirable discourse at the opening of the present course of lectures at the Massachusetts Medical College, has been published by the class. As on all former occasions, the author has shown himself a profound medical philosopher, whose thoughts are his own. In recommending the lecture to the thorough study of all into whose hands it may fall, we at the same time regret that we could not have had the manuscript, because a hundred minds would have been reached through our Journal where the pamphlet will overtake but one. The address is, as a whole, unexceptionably excellent. See advertisement.

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*Dr. Brown-Séquard's Lectures.*—The lectures of this gentleman in Boston have closed, and have given much satisfaction to all who have heard them. The following testimonials have been handed us for insertion, and we cheerfully give them a place.

“At a meeting of the medical gentlemen who have attended the lectures of Dr. Brown-Séquard, held Dec. 14th, 1852, Dr. Warren was called to the chair, and the following resolutions, offered by Dr. H. J. Bigelow and seconded by Dr. Bowditch, were unanimously adopted, after amendments by Dr. Bartlett and Dr. Coale.

*Resolved*, That having attended a course of lectures by Dr. Brown-Séquard, illustrated by dissections and experiments, upon subjects connected with physiology, and especially with that of the nervous system, we are desirous of expressing to Dr. Séquard the gratification which we have received from these lectures; which have been the result of extended original research; which have been eminently characterized by a spirit of rigid induction; and which have conveyed many practical hints upon pathological subjects. Therefore

*Resolved*, That we hereby offer our thanks to Dr. Séquard for the gratification and profit we have received from his very interesting lectures. That we commend these lectures to those members of our profession in other cities who may not have had the pleasure of hearing them, and that we indulge the hope that Dr. Séquard may find it convenient to continue his lectures here at some future time.

*Resolved*, That the above resolutions be published in the Boston Medical and Surgical Journal.”

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We, the undersigned, constituted a committee in behalf of the members of the Tremont Medical School, of Boston, desire to express to Dr. Brown-

Séguard the gratification which has been afforded during the delivery of the course of lectures just finished; and would state that we feel deeply grateful at the interest which has been manifested by him in his subject and in them, and at the clear and explicit manner in which he has endeavored to explain what to them was new and difficult. With many kind wishes, we remain his obedient servants,

NATHAN P. RICE,  
E. H. HITCHCOCK, JR.,  
J. A. A. RIBEIRO.

Boston, Dec. 15, 1852.

*Dr. Coale's Treatise on Uterine Displacements.*—The publisher of this Journal will issue, in a few days, a pamphlet edition of the excellent practical essay on diseases of the uterus, which has appeared in successive numbers of the Journal. Dr. Coale's directions for the management of these diseases have been highly spoken of by the profession, as they have been read, and we have no doubt many will be glad to have them in a separate form.

*Medical Miscellany.*—There seems to be no termination to the devastations of the yellow fever in the different localities where it is now prevailing. At St. Domingo, the mortality is still dreadful; medicine being apparently powerless.—Croup has been very common in the course of the long season of warm, damp weather, the last few weeks, but not very fatal.—Amherst College has organized a strong scientific department, where young gentlemen may be trained to useful pursuits at a very reasonable expense.—Smallpox still has its victims in Worcester County, Mass., particularly in the town of Grafton.—Prof. Gilbert, of the Pennsylvania Medical College, publishes in the Medical Examiner a statement of the kind of cases in Surgery in which he has successfully used adhesive plaster as a counter-extending bandage. Prof. Gross, of Louisville, has also published cases in which the same treatment was adopted with advantage. Cases of club-foot have been treated in the same way. Dr. Swift, of Easton, is said to have been the first to adopt the plan. The plan is worthy a more extended trial in fractures and other surgical cases.

TO CORRESPONDENTS.—The following papers are on file—received since our last issue:—Report of a Committee on Intermittent Fever in Chelsea; Anatomical Anomaly; Fever at the South; Operative Surgery; Use of Koussou; Poisoning from Tobacco; Dr. Stephenson on the Eye; Singular Cause of Death.

ERRATA.—On page 387, in the 19th and 20th lines from the top, omit the brackets, and insert a comma after the word "insensibility." The correct reading will then be, "the indications of insensibility, subsidence of the heart's action and diminished power of respiration appearing to be," &c. On page 391, tenth line from the bottom, read *administered* instead of "extracted." In the eleventh, or next line above, read *were* in place of "are."

DIED,—In Abington, Sept. 27th, of dysentery, after a short and distressing sickness, Dr. Chas. A. King, aged 26.

*Deaths in Boston*—for the week ending Saturday noon, Dec. 18th, 77.—Males, 39—females, 38. Accidental, 1—apoplexy, 1—inflammation of bowels, 1—burn, 1—congestion of brain, 1—consumption, 14—convulsions, 5—croup, 4—diarrhoea, 1—dropsy in head, 4—infantile, 4—puerperal, 1—typhus fever, 1—typhoid fever, 5—scarlet fever, 12—hooping cough, 3—disease of heart, 1—inflammation of the lungs, 7—mania, 1—poison, 1—pleurisy, 3—teething, 2—tumor, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 14—between 20 and 40 years, 13—between 40 and 60 years, 16—over 60 years, 4. Americans, 24; foreigners and children of foreigners, 53. The above includes 4 deaths at the City Institutions.



*Temperature and Diseases in Lewis Co., Missouri.* TO THE EDITOR.—SIR,—I send you a short account of the range of temperature of our summer, and a few remarks as to the diseases to which we have had in this climate during the summer and fall. In August and September there were a great many cases of bilious diarrhœa and flux, but mostly confined to those families who are in the habit of using cistern water, which is the case with all those who live on the high lands, a distance from the Creeks. Those who used limestone water were exempt. The diarrhœa without bloody discharges I treated with creosote in small doses, and it acted like a charm; but there was no benefit derived from it where the disease was confined to the lower bowels and the discharges bloody. Intermittent and remittent fevers prevailed in low situations, but were easily cured by quinine, given in three six gr. doses, commencing ten hours before the paroxysm, and give one every two hours, with a purge of calomel and soda at night.

June	Deg.	July	Deg.	August	Deg.	September	Deg.
1,	83	1,	69	1,	80	1,	89
"	2, 89	"	2, 70	"	2, 70	"	2, 74
"	3, 78	"	3, 80	"	3, 70	"	3, 76
"	4, 66	"	4, 83	"	4, 79	"	4, 82
"	5, 68	"	5, 90	"	5, 77	"	5, 83
"	6, 78	"	6, 90	"	6, 78	"	6, 83
"	7, 66	"	7, 90	"	7, 80	"	7, 86
"	8, 67	"	8, 82	"	8, 77	"	8, 84
"	9, 62	"	9, 86	"	9, 78	"	9, 86
"	10, 66	"	10, 84	"	10, 77	"	10, 81
"	11, 76	"	11, 84	"	11, 74	"	11, 71
"	12, 82	"	12, 83	"	12, 81	"	12, 66
"	13, 85	"	13, 80	"	13, 86	"	13, 71
"	14, 86	"	14, 80	"	14, 70	"	14, 72
"	15, 83	"	15, 86	"	15, 80	"	15, 72
"	16, 84	"	16, 81	"	16, 82	"	16, 74
"	17, 78	"	17, 83	"	17, 86	"	17, 70
"	18, 80	"	18, 86	"	18, 84	"	18, 66
"	19, 82	"	19, 88	"	19, 78	"	19, 70
"	20, 82	"	20, 87	"	20, 82	"	20, 62
"	21, 86	"	21, 88	"	21, 82	"	21, 68
"	22, 77	"	22, 87	"	22, 92	"	22, 74
"	23, 68	"	23, 84	"	23, 86	"	23, 74
"	24, 68	"	24, 78	"	24, 89	"	24, 73
"	25, 69	"	25, 82	"	25, 88	"	25, 70
"	26, 78	"	26, 87	"	26, 84	"	26, 65
"	27, 80	"	27, 91	"	27, 82	"	27, 66
"	28, 82	"	28, 92	"	28, 80	"	28, 74
"	29, 82	"	29, 95	"	29, 78	"	29, 74
"	30, 85	"	30, 78	"	30, 88	"	30, 76
		"	31, 79	"	31, 88		
Mean temperature for this month 70 and a fraction.		Mean Temperature for this month 83 and a fraction.		Mean Temperature for this month 80 and a fraction.		Mean Temperature for this month 74, with some wet weather.	

Monticello, Lewis Co., Mo., Nov. 8, 1852.

Z. T. KNIGHT.

*Epilepsy Cured by Tracheotomy.*—Drs. W. J. Mackansie and Marshall Hall report, in the December No. of the London Lancet, a case of epilepsy cured by tracheotomy. We have several cases of the disease on hand, in some of which we intend to operate after the manner of Dr. Hall, and report results.

If the operation prove successful, it will be a brilliant triumph to reason in medicine, as distinguished from mere observation. We want more reasoning minds in our profession, to take up the disjointed facts scattered about, and deduce truth therefrom.—*Philadelphia Medical and Surgical Journal.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XLVII. WEDNESDAY, DECEMBER 29, 1852.

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No. 22.

## RESPIRATION SUBSERVIENT TO NUTRITION.

BY E. LEIGH, M.D., TOWNSEND, MASS.

[Continued from page 439.]

THE idea generally entertained by physiologists, that respiration has special, if not exclusive, reference to the production of animal heat, has already been adverted to. The red corpuscles, or blood disks, have been supposed to be particularly related to this function of calorification. But here we at once meet with the striking fact, that the red corpuscles are wanting in the invertebrata. They have no blood, but only chyle or chyme. And in exact correspondence with this, we meet with the no less striking fact that they are cold-blooded animals, being, in a state of rest, absolutely cold, having no independent heat of their own, but receiving their temperature from the surrounding medium, and varying with it in all its changes. The fishes and reptiles, indeed, have also been called cold-blooded animals, but improperly. They do not, it is true, maintain a uniform temperature within themselves independently of, and in opposition to, the element in which they live. Their temperature varies with that of the water, for instance; but still, by their internal sources of heat, it is maintained above that temperature, often considerably above it. All the vertebrata, therefore, are warm-blooded animals, all have also red corpuscles, while the reverse is the case with the invertebrata, in both these respects. This settles the question, and shows conclusively that the primary office of respiration is not the production of animal heat. It has a more universal, more important office than this. The production of animal heat is only a secondary adaptation of this function to meet the wants of only one of the four great divisions of the animal kingdom.

But there is another view of this subject, bringing us to the same result, and thus confirming the above conclusion. Most of the lower animals are of so small size, and, being placed in water, (a medium which has so direct and powerful an influence in reducing them to the same temperature with itself), are so surrounded, and often filled and even permeated by this fluid, which, in the radiata, actually mingles in large quantity with their digested food, that they must of necessity remain always very near the temperature of the surrounding medium, even if they had sources of heat within themselves. In such animals calorification



cannot be the great end of the respiratory function. If it were so, then, in a vast majority of cases, this universal and all-important function would be virtually reduced to nothing. It must have a higher end.

But again, these lower animals, and especially such of them as live in fresh water, vary in temperature with the media in which they live, often to a very considerable extent, being sometimes near the freezing point—at other times more than  $50^{\circ}$  above. And though some particular temperature may be best adapted to each of them, still as many of them can live an active life at a temperature of forty, fifty, sixty and even seventy degrees, it is obvious that the little the temperature of their bodies would be raised above that of the water at forty or fifty degrees, would be of no very great importance. There must be some more important end for the function of respiration in their case, than the promotion of animal heat. This argument will apply even to the case of the fishes and reptiles, though they are warm-blooded animals, and their respiration has a calorifying object. For, in them, this adaptation is reduced nearly to its minimum, and they are approximated in this respect, very closely to the lower animals. The temperature of the fresh-water fishes varying so much with that of the water, and being never raised many degrees above it, it is obvious that the production of animal heat cannot be the chief object of their respiration.

Indeed, if we confine our view to the case of man alone, now that we have derived the idea from a comparison of the lower animals, we may judge that respiration has a higher end than calorification even in his case. Why is his respiration and circulation so much quickened by active exercise? Is it because more heat is required? by no means. And, on the contrary, why is not his respiration equally, or rather, more accelerated when he passes from a warm into a cold medium, if the production of animal heat be the chief end? And more than all, why is it that any considerable elevation of the surrounding temperature so much accelerates the respiration, when it ought to be rather retarded, if the production of animal heat is its only, or its chief, or even a primary object? This phenomenon is still more striking in the lower animals, the temperature of whose bodies is subject to so much variation, and in whom the respiratory function is more limited and less energetic. The respiration of fishes, for example, is very much hurried as the temperature of their bodies is raised with that of the surrounding water, and at length, when they become very warm, in hot summer days, they are often obliged to come constantly to the surface to obtain larger supplies of oxygen, by exposing their gills to the influence of the atmospheric air. Is this for the purpose of increasing their animal heat? or has this function a higher end,\* the urgency and importance of which, at these times, quite transcends the subordinate one of calorification, so much so as actually to increase the animal heat, when it is already in excess, and needs to be diminished rather than increased.†

\* The elevation of the temperature accelerates all the vital functions. This increased activity can only be sustained by larger supplies of nutrient material, which must be aerated in order to its complete elaboration. Hence the urgent demand for more oxygen even at the expense of the excessive heat which must thus be incidentally produced. See subsequent pages of this essay.

† It should be noticed in this connection that young animals consume much more oxygen than older ones, while their animal heat is not materially greater. Their vital functions, however, are in a much higher state of activity, and demand more nutrient material.

It may, therefore, be regarded as a settled point, that respiration as a function of organic life has another and a higher end than the mere production of animal heat. That in man with his blood circulation, with red corpuscles, and maintaining a uniform and independent temperature, this is an important secondary adaptation of this function, there can be no doubt. But its great, fundamental, office, essential to organic life under all circumstances, and existing universally throughout the whole animal kingdom, must be and is something different from this. What then is it?

The second and remaining answer, that has usually been given to this question, is, that respiration is essentially a decarbonizing process; the lungs and gills being excretory organs, serving to remove the useless carbon from the system. That, in man, this actually takes place to a great extent, is unquestionable. The same is true in the other types of vertebrata, though, in some of them, to a very limited extent. Many invertebrata also are known to give out carbonic acid in considerable quantities, when in a state of activity and excitement. The chemist is needed to make further and more minute and careful investigations. It may, perhaps, prove true that respiration always removes more or less carbon from the system, and that the various kinds of lungs and gills have originally and in their essential nature an excretory function connected with their other functions. The fact, however, that we have already a special organ, the liver, as an outlet for the useless carbonized elements of the blood, just as there is a special organ, the kidneys, to serve as an outlet for the useless nitrogenized elements, may raise a doubt whether the elimination of carbon is really one of the final objects of respiration. Moreover, it is certain that the *large* elimination of carbonic acid by the lungs of man and the higher animals is merely incidental to the calorifying function, it being necessary to remove from the body the carbonic acid formed in the process of maintaining animal heat. It is not a universal and necessary part of the function. But it is this large formation and excretion of carbonic acid, connected with the calorifying process in the higher animals, that has produced the prevailing impression with regard to the importance of this excretory part of the respiratory function. There is reason to believe that the small amount of decarbonization, which may be found connected with the respiration of the lower animals, is, also, only an incidental circumstance attending upon the primary office of this function. But even granting that decarbonization may be in itself one of the ends of respiration, and not a mere sequence of some more important process, is it *the* great end, or is there another and a higher one? The way is now open for an answer to this question.

[To be continued.]

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#### MEDICAL LECTURES IN HAVANA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I propose to send you some translations from a Spanish introductory lecture delivered before the medical class of the University



at Havana. The following is the title page, literally rendered into English.

“Inaugural discourse at the opening exercises of the first course of legal medicine and medical jurisprudence, pronounced at the Royal College of San Carlos at Havana, by Don Jose de Lletor Castroverde, Professor of Medicine and Medical Jurisprudence; Commander in the Order of America of the Royal Isabel the Catholic; Doctor in Medicine and Surgery of the Royal College of St. Charles of Madrid, and of the Faculty of Medicine of Montpelier; Fellow of the Board of Health of Paris and of the Royal Academy of Medicine of France; Fellow of the Royal Academy of Natural Sciences of Madrid and of the Imperial Academy of Rio Janeiro; of the Society for Medical Improvement of Paris; of the Medico-Chirurgical Society of Cadiz; and of various other scientific associations in Europe.”

The professor is courteous and gentlemanly; of urbane dignity, debonair and chivalrous, and abounding in Castillian gallantry and grace. The Spanish government have conferred upon him a pension of eight thousand dollars per annum in consideration of medical services rendered, and his practice and lecture fees amount to as much more. He speaks English intelligibly, and is hospitable to strangers. His library comprises the best modern works in all languages. The address commences thus:

“In view of the respectability and dignity of the audience assembled before me, a tremor steals over my limbs and a sense of my own unworthiness almost compels me to abandon my design before commencing. But I am not animated by a motive of vanity nor a puerile desire for ostentation. My motive is not to exhibit a common-place and easily-acquired erudition; but I come incited by an honorable principle which ought not to be concealed. I design to be useful to the young men who have dedicated themselves to the noble profession of medicine, and who are anxious to acquire a knowledge of its principles. When I assume this chair I think of Pericles of old, who reflected that he was to speak before the Athenians. I remember that I am to address an assemblage of intelligent and studious young men; that there are among my auditors the professors of this institution, profound in wisdom and practised and faithful in imparting knowledge. But I am encouraged to attempt the elucidation of a department of medicine not heretofore taught in this place, in the hope of being able to establish a basis for the correct understanding of those principles which have been overlooked or misapplied, and by the neglect of which, in the language of the Royal Commission under which I hold my appointment, ‘crime has escaped punishment and innocence suffered because men have not been able to discern the relation of cause and effect, and the dependence of supervening consequences, in the instance of wounds and felonious assaults and the results of mal-practice perpetrated by ignorance or design.’

“The institution of chairs of medical jurisprudence is of modern date. This department of medicine was first taught in Germany at the close of the seventeenth century. The French followed the example of the Germans about the end of the eighteenth century, when legal medicine was first taught at Paris by Mahon, and by Orfila, an illustrious

Spaniard, whose name is of repute in all the known world. The English did not commence to teach this science till the beginning of the present century. Dr. Duncan, at Edinburgh, was the first teacher. Medical jurisprudence was not taught in a regular and methodical manner in Spain until the year 1827, when the ministers of King Ferdinand the 7th appointed Pedro Castillo perpetual chief of the Bureau of Medical and Surgical Jurisprudence.

“As I speak before you to-day for the first time, and for the first time in public in this city, it is proper that I should present to your notice, in my opening discourse, the plan I propose to pursue and the principles I shall teach. I shall commence by giving you a summary of those branches of medicine which it is necessary to comprehend for the better understanding of our own department, and then I shall advert to the history and importance of the particular branch of the curriculum of study of this University which is confided to our chair. I cannot better sum up a declaration of my medical opinions than by quoting the following words from the celebrated Baglivio. “*Ego liberam medicinam profiteor, nec ab antiquis sum, nec a novis; utrosque, ubi veritatem colant, sequor. Ego, ut Covis mos fuit magni facio sæpius reptitam experientiam.*”

“A love of humanity ought to be the first motive for the adoption of the difficult and honorable profession of alleviating pain, and the first duty of the physician is the investigation of truth. Such is the view we ought to take; and Plato has said, those who exercise this sublime art ought to bear themselves like gods upon earth. Indeed, the physician who aspires to bear worthily this glorious title, ought not to forget that a true acquaintance with his duties comprises a knowledge of the origin, nature and progress of human maladies, the expediency and the exercise of surgical interference, and the tendencies of the *vis medicatrix nature* to forward his judicious attempts for the restoration of health. And there are moral characteristics necessary for the effective exercise of the duties of the physician, which shall pervade and enforce his medical intercourse and treatment. Do not imagine that medicine is a facile science. It comprises a knowledge of the human body in disease and health. It includes no small attainments in the physical, chemical and moral sciences. Surgery is an important adjunct; it offers mechanical aid to the physician, and may be properly denominated manipulative medicine. Anatomy, physiology and pathology are equally handmaids of medicine, and no one of them can claim preëminence. The dead body is not identical with the living man; the physician cannot detect the living essence of existence, and can only study vitality in its organic exercises. Morbid anatomy cannot *a priori* explain the pathological conditions, unless there has been opportunity to inspect the transition stages. Death is unable to render a reason for vitality; nor can it account for the disorders which have terminated in dissolution; and we cannot satisfactorily interrogate the knife of the anatomist, nor the chemistry of the laboratory, unaided by a knowledge of the intermediate acts, and without a rigid logical analysis.

“Paracelsus, who published the works of Galen and Avicenna, professed to fathom the secrets of nature by divination. Van Helmoncio



and Sylvius de Le Boe based their practice upon astrology and alchemy. Borelly and Boerhaave applied the laws of mechanics to medical theories. Stahl explained psychical phenomena by the illimitable power of the soul superimposed upon the body, and acting as a conservative sentinel upon the corporeal manifestation. Cullen explained everything upon an exercise of the nervous force. Gaubo and Selle adopted the humoral pathology. Brown reduced all infirmities to the orders sthenic and asthenic; his notions were drawn from the ancient theory of Themison, who ascribed every deviation to constriction and laxation. The illustrious Bartheus originated the idea of the vital power. Broussais charged all maladies to irritation of the solids. Rasori founded in Italy the school of counter-stimulation, and exaggerated the necessity of excessive medication, in striking contrast with the system of Hahnemann and the conceptions of homœopathia."

[To be continued.]

*Attleboro', Nov. 24, 1852.*

E. SANFORD, M.D.

#### SINGULAR CAUSE OF DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

THE following singular and fatal termination of life in the case of Dr. Charles C. Sheppard, from an inoculated virus, may not be unacceptable or uninteresting to the readers of the Boston Medical and Surgical Journal.

Dr. S. was a young gentleman of steady habits, and of peculiarly mild and amiable characteristics in all his thoughts and actions. His temperament was the sero-lymphatic. Physically he was tall in stature, of "spare habit," and apparently weak in his limbs. He recently took his medical degree in one of our first medical colleges, and immediately afterwards commenced practising medicine in our sister city Hoboken, N. J. As "a beginner," his practice was, as usual, limited to the humbler classes of society. He was "called in" to attend a case of midwifery, and during the parturition of his patient, his hands of course were moistened with the secretions attending this effort of nature. With them he rubbed his lower lip, which happened to be affected with a fissure in its centre, arising from a cold, dryness, or some other cause. Immediately after doing so, his lip commenced swelling, superinduced, it is presumed, from some peculiar virus contained in the secretions—for the woman apparently enjoyed good health, and recovered as women usually do under such circumstances. The swelling from the lip gradually spread, until it had implicated the whole of his face and scalp with a sort of erysipelatous phlegmonous inflammation, which terminated his life in a few hours.

A similar accident occurred in Philadelphia two years since, which fortunately did not terminate in death, but deprived the physician of the use of his arm upwards of a year, fears being entertained that amputation would be necessary. The physician had inoculated a recent wound made by an axe, on his dexter finger.

Dr. Charles C. Sheppard, unknown to the medical profession in life, by his unfortunate death and its singular cause, may perchance be the means of proving a beneficial warning to medical men of the dangers attending carelessness, or rather the want of precaution, in obstetric practice.  
*New York, Dec. 18, 1852.* A. C. CASTLE, M.D.

## POISONING BY TOBACCO.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I transmit to you a summary report of a case of poisoning from the use of tobacco, as I copy it from my note-book, which you are at liberty to dispose of as you think proper.

October 6th, 9 o'clock, P.M.—Was called, in haste, to visit the patient, a male child, æt. 7 days, previously healthy. Learned the following particulars. There had been given to the child, at about 8 o'clock, P.M., for the purpose of inducing quietness through the night, about two table-spoonfuls of water impregnated with tobacco smoke (the smoke blown through a new pipe into the water, until the operator had become nauseated; and was strong enough to make the tongue of the mother "smart dreadfully," when tasted). The patient presented the following appearances. Entire system flaccid, pallid, eyes closed, comatose; pulse not perceptible at wrist, and action of heart scarcely so in præcordial region; respiration spasmodic, deep, six per minute; deglutition difficult (impossible, except when the article to be swallowed was placed low in the throat); temperature high.

*Treatment.*—Gave a teaspoonful of wine; applied tr. camph. and aqua ammonia externally, but without any immediate apparent effect. In five minutes administered carb. amm., grs. v., in solution. This seemed to arouse the patient for a few minutes, and he breathed easier and oftener. Action of heart increased. Gave stimulating enema; and externally, frictions with stimulants.

9½ o'clock.—Gradually relapsed. Respiration and action of heart ceased; comatose. *Treatment.*—Transition baths; artificial respiration. Soon revived, so as to respire with a gasp. Heart acts. Carb. amm., grs. iij.

12 o'clock.—Was kindly assisted by my friend, Dr. S. Tuttle. Administered ether sulph. by inhalation. No material change.

Suffice it to say, that from 9 o'clock, P.M., of the 6th, until 4 o'clock, A.M. of the 7th (eight hours from the time he took the tobacco-water), the treatment pursued was stimulants externally and internally, with baths, &c., *pro re nata*, and artificial respiration (at least five hours of the time), when the patient, after having respired himself for about thirty minutes, suddenly expired, and no effort which we could bring to bear would arouse him. Electricity, and the nitrous-oxide water of Dr. Ziegler, might possibly have done it; but unfortunately, I had neither of them at my command at the moment.

*Autopsy.* Oct. 8, 11 o'clock, A.M.—Present, Drs. Hoskins and Weeks. *Ext. Appearances.*—An unusual redness over the entire surface.



An ecchymosis about the occipital, and part of the temporal regions of the head. *Internally*.—Lungs engorged with venous blood. Heart, left auricle and ventricle filled with uncoagulated blood. Right, empty. Stomach, externally and posteriorly dark colored. Internally, contained about  $\frac{3}{4}$  j. of mucus, with a very little coagulated (or partially digested) milk. No odor. Mucous membrane slightly abraded in two or three small spots. Brain.—Membranes *highly* injected with blood. Intestines, liver, and other organs, exhibit no morbid appearances.

Respectfully yours, W. A. WEAKS, M.D.

McIndoe's Falls, Vt., Dec. 15th, 1852.

#### DR. STEPHENSON ON THE EYE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is an extract from Dr. M. Stephenson's Introductory to a course of lectures on ophthalmic surgery, delivered at University Medical College in the city of New York, Nov. 11th, 1852.

"In the present course of lectures, everything pertaining to the eye and its appendages, whether of an anatomical, physiological, pathological or therapeutical character, will be brought in strict review before you.

"Of all the complicated structures in the mechanism of man, what organ is there connected with it, that commands more of our wonder and admiration than the eye? I need hardly remind you of its extreme delicacy, of its exquisite beauty, or of its transcendent and wonderful powers. There is no one organ in the body, which evinces more and stronger evidences of a great First Cause.

"Let us examine for a moment, if you please, the various textures which enter into its composition. But first of all look at the deep bony cavern in which it is lodged; see the care with which the God of nature has protected it on all sides, like a sentinel who is shielded from danger by the impenetrable walls of his fort, on the approach of an enemy. A poet most touchingly refers to these ghastly recesses, when he says:—

'Beneath this mouldering canopy  
Once shone the bright and busy eye.  
But start not at the *dismal void*!  
If pious lore that eye employed,  
If with no lawless fire it gleam'd,  
But through the dew of kindness beam'd,  
That eye shall be forever bright  
When suns and stars have lost their light.'

"How admirably are its appendages (the lids) adjusted to defend it from injuries, extraneous bodies and excesses of light!—so nicely and exactly are its refractive media arranged in consecutive lamina, that it has very justly been pronounced the most perfect of all optical instruments. Who can watch the involuntary movements of the iris in the act of defending the retina from the too sudden, intense and paralyzing influence of light, and not see the strongest evidence of design? Where do we find the radiating fibres more beautifully arranged than in the ciliary muscle so recently discovered by my distinguished friend, Dr. W. C. Wallace, of this city?

"Owing to the numerous tissues composing the eye, there are, as a matter of course, a great variety of diseases to which it is subject, all of which should be understood by the accomplished and well-educated physician and surgeon. Both the voluntary and involuntary movements of the eye are dependent upon the healthy action of, and proper balance of exceedingly delicate muscles, which in their abnormal condition require surgical interference. Its *mucous and glandular tissues*, so well designed to lubricate the eye and facilitate its countless movements, are exceedingly prone to inflammation and functional derangements. Then, again, the *nervous fibres* or tunics of the eye, like a harp of a thousand strings, may cease to vibrate. Its transparent window, the *cornea*—its *aqueous, lenticular* and *vitreous fluids*, more pellucid than a dew-drop, and more clear than a diamond, may lose their sparkling lustre and their transcendant brilliance. The *iris*, like a guardian angel, may withdraw its watchful care. The *serous membranes* may forget their individuality, and, in their amateness, may form undue attachments for each other, resulting in annexations either in the anterior or posterior chambers. The *circulating fluids*, like so many meandering streams vivifying and invigorating everything in their onward career, are too often turned out of their legitimate channels, or are obstructed in their course."

#### ANATOMICAL ANOMALY.

*To the Editor of the Boston Medical and Surgical Journal.*

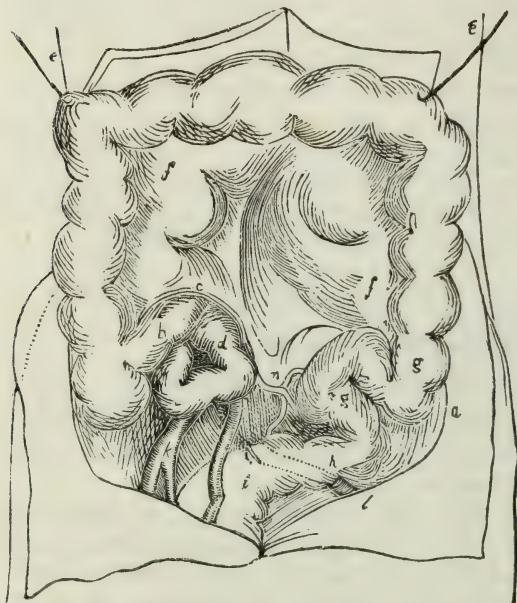
SIR,—Having met with a remarkable anomaly in anatomy, which I have never seen described, I transmit you an account of it, as it may prove interesting to some of your readers.

In opening the abdomen of a subject for the purpose of demonstrating the viscera, I was struck with the unusual appearance of the parts. The stomach, the liver and the colon were the only viscera visible. The two former occupied their usual position, but the course of the latter was very much changed. Starting from the right iliac fossa, the ascending colon followed its normal course to the under side of the liver. The transverse portion of that intestine was directed obliquely across the abdomen towards the right lumbar region. The sigmoid flexure was unusually tortuous, and its last turn crossed the external iliac vessels at a very short distance within Poupart's ligament, running thence transversely and a little downwards, till it met the rectum, the relations of which were normal. There was no apron of omentum at all, and the anatomist will readily imagine the odd look of the empty lower belly, glistening all over with peritoneum.

On lifting the colon and tracing its connections, it was found that the great omentum descended from the stomach directly to the colon, and that the meso-colon passed backwards to the abdominal parietes, these two sheets of membrane enveloping the entire small intestines. The meso-colon was interrupted to form a membranous arch, about three inches broad, which sprang across the aorta, arising on the left from the



peritoneal expansion on the posterior abdominal walls, and becoming continuous on the right with the fold attached to the ascending colon and with the lower portion of the mesentery. The free edge of this arch was inlaid with a vein, and contained the *appendix vermiformis*, stretched along its border. Through this opening the *ileum* got access to the *caput coli*. Through it also was protruded a small knuckle of reddened small intestine. All the other peritoneal reflections were natural.



a. Caput coli. b. Ileum. c. Mesenteric arch, containing the inferior mesenteric vein. d. The pouch of intestine protruding through the arch. ee. Colon held up by hooks which stretch the meso-colon, ff, over the small intestines contained in the sac, causing them to throw that membrane into folds. gg. Sigmoid flexure. h. Portion of colon crossing the pelvis to unite with i, the commencement of the rectum. k. Right common iliac artery. l. Left external iliac. The dotted line shows the course taken by this iliac artery and its primitive trunk as revealed by subsequent dissection. m. Hæmorrhoidal artery. n. Sigmoid arteries.

All this singular arrangement was directly connected with an anomaly of the venous system. The hæmorrhoidal vein in its ascent met the sigmoid and left colic veins at the usual point. Thence the united trunk passed across the abdomen towards the ileo-cæcal valve, and this was the vein which was inlaid in the edge of the meso-colic arch already described. At the junction of this arch with the mesentery it united itself with one of the branches forming the superior mesenteric vein, and so continued up towards the liver. No irregularity could be detected in the arterial system of the abdomen, except that the inferior hæmorrhoidal artery was unusually large.

The man in whom this irregularity was discovered, had suffered for a long time with a gastric affection. He had been treated at one of the hospitals of our city for gastritis, and had never, during his last illness, complained of any intestinal uneasiness. All his unpleasant sensations, which were never very violent, were referred to the stomach. Our attention was, therefore, directed to this organ, which was distended,

hard and lobulated. This condition was ascertained to depend upon the escapes of the injection through the lacerated branches of the gastric artery, so that the whole cavity of this organ was filled with it, and a perfect cast of the interior taken upon the surface of the mass of wax. On removing the injection and examining the interior of the stomach, a cancerous disorganization was detected occupying the greater portion of the less curvature of that viscus. Suppuration had opened a wide and irregular orifice in the centre of the diseased mass, and it was here that the arteries allowed the injection to escape.

No particular inquiry seems to have been made in reference to the general condition of this man's intestinal functions during life. All that we could ascertain was that there had been no difficulty in getting them to act during his final sickness, and that towards the close he had diarrhœa. I am, Sir, yours, &c.

A. SNOWDEN PIGGOT,

*Prof. Anat. and Physiology Washington University.*

*Baltimore, Dec. 7, 1852.*

P. S.—I send you a rough sketch, which may give you some idea of the appearance of the abdomen when the colon was raised. I have drawn it in great haste from a few hints I took in the dissecting room.

#### LETTER FROM THE SOUTH. FEVERS—LEGISLATIVE ENCOURAGEMENT OF QUACKERY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—We have been visited by an anomalous fever lately, the particulars of which I will send you in a few days. I have regarded it as dengue, the offspring of yellow fever, but of this I am not entirely satisfied. Our fevers of late years seem to have changed their character and course very materially from those of former days. We now rarely see one of the old-fashioned bilious fevers, or bilious remittents, running its course *according to the books*; or a regular tertian, quartan, &c., with exact periodicity—but they are modified by seasons, locality, constitution of the weather, as well as the habits and constitution of the patients, requiring close scrutiny to trace their progress and apply the remedies. We have rarely to contend with the destructive yellow fever of old authors, of by-gone days—and with Rush bleed *ad deliquium*, to be followed by ten and ten of calomel and jalap, and oil and turpentine and blisters, &c., when if one in ten, or ten in a hundred, escaped death, it was counted successful practice, if not a miracle in the healing art. *Nous avons changé tout cela*, and breaking loose from the schools, and guided by common sense and experience, we order a hot alkaline or mustard foot-bath, hot lemonade or tamarind-water, slippery elm or boneset, the body to be sponged frequently with tepid water, &c., the bowels to be kept free by mild laxatives or lavements, cupping or sinapisms if necessary to relieve pain or congestion, and, it may be, full doses of quinine, and absolute rest and diet, and the patient re-



covers, hardly knowing he has been ill, much less attacked with the dread scourge, yellow fever.

As an eclectic, one might select a dozen articles from the *materia medica*, and practise the whole circle of medicine—the whole round of human “ills that flesh is heir to,” from yellow fever and cholera, to dropsy or a fit of the gout. The time is coming, yea, already come, when those mammoth drug stores, now so common all the world over, will be found as rare and useless as the fifth wheel of a coach. The good old times, too, when a physician was needed and respected in the community, and respected because needed, and when he could charge the full worth of his services and be promptly paid, is fast passing away. He is no longer regarded, in this progressive age, as one above the many, and sought after and employed as the conservator of health, and the arbiter of life and death merely, but he is looked upon and consulted as an artisan or an operative might be to patch up some broken engine or repair a seedy coat—and more especially he is too often employed because he *works cheap*. Not long since, I received a polite note from a gentleman to call on him with my *tools*, to perform some trifling operation appertaining to dental surgery, for which, when completed, I suppose he would have condescendingly paid as he pays his tailor or barber! Alas! Othello’s occupation’s gone, and the fifteen hundred medical students now congregated at the Philadelphia medical colleges, and the fifteen thousand elsewhere struggling to climb the steep “where fame’s proud temple shines afar,” had better go to the plough or the workshop, or the gold diggings in California, rather than attempt to practise medicine and surgery hereafter in the South and West. It is not worth the repose it will cost.

As a proof of human progress, I send you an exact copy of the lately-enacted medical law of Louisiana—comprehensive enough in all conscience—and which permits any one who presents himself or *herself* with a diploma, allopathic, homœopathic or hydropathic, eclectic or otherwise, and whether purchased, borrowed or stolen, to practise medicine and surgery in the State.

Be it enacted, &c. “That any person or persons having an authentic and genuine diploma from any chartered medical college or society in the United States, whether the same be allopathy or otherwise, shall be, and the same are hereby allowed to practise medicine and surgery or midwifery in this State, without having to procure any further license; and may charge, demand and receive for their visits, medicines and prescriptions, and medical services, the fees usually paid for similar services in the district or locality where said services may be rendered.”

Truly yours, &c.

F. B. P.

*Ascension, La., Dec. 4, 1852.*

#### MEDICAL LECTURES IN PHILADELPHIA.

[THE following letter, as will be seen by the date, was written before the one from the same writer inserted in the last number of this Journal.—ED.]

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A few weeks since I gave you a brief account of some of the preliminary and introductory lectures in the medical colleges of this city. Now that things are fairly arranged, and the regular courses of lectures in all the colleges in *full blast*, perhaps it will be interesting to some of your readers to know how they progress.

Nov. 18th.—I attended two lectures at the Philadelphia College of Medicine. The first was on Chemistry, by Dr. Carr. He is a fluent speaker, never at a loss for words, and reminded one of the *bet* which was once said to have been made in Congress by two members, who agreed to speak an hour each without advancing an idea. This, however, was not exactly the case with the lecturer, for he did advance some very good ideas. His subject was that very fertile one, *carbonic acid gas*, and when he had spoken a few minutes, he seemed to have *used it up*—then (as every professor must lecture an hour) he talked the residue of the time about going down into wells and pits, where this gas is often found, and dying there, just because they did not know enough of chemistry to send down, previously to entering, a *lighted candle*. I was informed by a student that the professor had been a *popular travelling* lecturer, which sufficiently accounted for his verbosity; it being generally understood that it does not make much difference *what* a man says to a popular audience, provided he *keeps on saying*.

The second lecture was by Professor Bryan, on Surgery. He took up wounds—contused, lacerated, incised, gun-shot, poisoned. Dr. Bryan is a very respectable lecturer—appears gentlemanly, uses no unnecessary or unmeaning words, and what he says may be relied upon. He gave an instructive lecture, interspersed with amusing anecdotes. But the most amusing part of the whole was his *quiz* of some ten minutes at the commencement. About one in five of the names called, responded. Whether they were present or not, seemed to be *problematical*. There is something very peculiar about medical students, when they do not wish to be *quizzed*. They are apt to be *non sunt*.

Nov. 23d.—Attended Dr. Patterson's lecture on materia medica at the Pennsylvania College. Prof. P. is a small, sensible-looking man, but a *hard* speaker—that is, he cannot deliver a lecture with that ease to himself apparently which is very desirable in a public speaker. For him to lecture seems to be "*hic labor, hoc opus est*." He was upon the subject of diuretics, and gave the properties of caraway seeds, parsley, broom, water-melon seeds, flea-bane, copaiba, cubebs, &c. &c. The lecture had no very peculiar characteristics. Your readers may recollect that in a former communication, I spoke of this college as being under the guidance mostly of *young* men. They are active and persevering, and their prospects are encouraging. It would seem to be no small matter to build up a new college directly under the shadow of the time-honored *University* and the all-absorbing *Jefferson*. Yet such is the flow of medical students to this metropolis, that there can be but little doubt of the ultimate success of this comparatively new institution.

Nov. 30th.—To-day attended Dr. Jackson's lecture at the Univer-



sity. You are, probably, aware that this College, being the oldest in the city, is called a little more *aristocratic* than any of the others. However this may be, the most of the professors are *venerable* men—men of *age* and *experience*; and, it would not be the most marvellous thing in the world, if they did not altogether like the idea of being outstripped in numbers by the Jefferson. But, as *numbers* are not always sure indications of the right, or *the best*, we will pass that subject, and speak of the Professor's lecture. By the way, I ought to say first, to give the true standing of Professor Jackson, to those of your readers who do not know him personally, that he is *the man* who was selected, above all men in the nation, to visit Henry Clay at Washington, and who, according to the newspapers (I would not say *really*, for the papers sometimes make a *mistake*) gave a very *bad prognosis* in the case of that great man. Pity he should have done it, because old men, and, especially, old professors, advise their pupils to be *guarded in their prognosis*—but, then, again, it does not make so much difference, if a man's name is *up*. Then, how many *prognoses* are passed by, as things of little moment. When the writer entered the hall of the University, he found about four hundred pupils, many of them rather rough and uncouth; sitting, mostly, with *hats on* (supposed to be real quakers; or, at least, *fresh-water ones*, so far as being uncovered was concerned). Dr. J., the modern *Nestor* of the profession in this metropolis, was lecturing, with, as he said, not quite his usual energy (being unwell), upon *the coloring matter of the bile*. He said—"not being as vigorous as usual, he scarcely dared to encounter *the bile*"; nevertheless, he gave some very good and lucid ideas upon this subject, principally selected from Simon and Liebig. Prof. J. has some of the marks "of old father Time" upon him; though he has so managed, as to prevent that old gentleman, who has eventually triumphed in all ages, from grasping him very hardly *as yet*. It takes him *longer to start*, than it usually does a young man; but this seems to be pretty considerably well compensated for by the fact that, when once started, he runs like a clock.

The next lecture which I attended was that of Prof. Dunglison, on the physiology of respiration, miasma, deodorization, hygienic or sanitary measures, &c. &c. The Professor is a true Scotchman—a real worker, short, or rather not tall, a fiery eye, a florid countenance, a bushy head of hair well besprinkled with gray, with a tongue as ready and as fluent and as perfectly *hinged* as that of a woman. I think I have rarely, if ever, heard a man utter more words in one hour than the Professor did in his. He gave us his opinion upon a great variety of subjects, as he seemed to be led into rather a *miscellaneous*, than a continuous train of thought. He had all the questions which were addressed to him by the municipal authorities of Philadelphia, with their answers, at the time the cholera was in this region.

There were certainly six hundred students present. There are some customs prevailing here which partake a little of barbarism. One of these is the stamping and scraping, hallooing and hissing, whistling, and every other outlandish kind of *irritation* that can be imagined, with which the class seem to feel themselves bound to salute their pro-

fessor, when he enters the lecture-room. This was kept up for some five minutes, when Professor D. entered; and it was gratifying to hear him say, at the close, he must keep them long enough to regain the time which they filched from him at the commencement.

I have since heard Dr. Jackson lecture, when in better health, and he redeemed his character as a lecturer very much. He is active, and unusually sprightly for a man of his years. He keeps up with the ever-teeming new discoveries in physiology. Really the old University has considerable stamina left yet, notwithstanding there are so many new colleges sucking away her life-blood. Their apparatus is fine—perhaps the best in this country. More anon,  
Yours, &c. \*

Philadelphia, Nov. 16th, 1852.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 29, 1852.

*Medical Journalism.*—Numerous as medical periodicals are in the United States, new ones are coming into the field, but with what hopes or prospects of success has not in all cases been disclosed. An intention to make a Journal the herald of individual fame is suspected in some of them, and not without cause. But efforts of that kind to glorify a particular individual at the expense of others, or make a man of fame out of poor materials, invariably fail of success. There is a plain, straight-forward course in conducting a Journal, and that consists in doing equal justice to all, frowning down selfishness, and giving reliable intelligence to patrons, regardless of the snarls of disappointed adventurers, or envious contemporaries. Some of the Medical Journals of the United States are passing into new hands, and others are undergoing modifications supposed necessary to meet the phases of the times. In regard to ourselves, we shall continue in the even tenor of our way, wishing well to all our contemporaries, without interfering with the business or literary relations of other persons or publications.

*Anæsthetic Agents.*—A pamphlet from Hartford, Conn., on the discovery of the applicability of nitrous oxyd gas, sulphuric ether and other vapors, in surgical operations, by the late Dr. Horace Wells, has been received. So much has been written on this subject, that we are beginning to loathe the sight of every page that is added to the wagon loads of bulletins that deluge the country. If Congress would give all the claimants for a reward a hundred thousand dollars a-piece, and each would obligate himself never to write another line about ether, it would certainly be a relief to editors. This is not said in ill-temper towards individuals, nor in disparagement of the ether discovery, for we are as thankful for the blessing as others; but the perpetual sight and sound of an apparently undying controversy, is annoying beyond expression. Our subscribers long ago gave us unmistakable notice of their unwillingness to take another dose. We therefore beseech correspondents never to forward another line for the Journal touching the mooted question of who made the discovery, if they have a particle of compassion upon us or any interest in the stability of this establishment.



*Certainty of Medicine.*—Dr. Bryan's introductory lecture before the Philadelphia Med. College, fully sustains his growing reputation. He is beginning to be a miracle of industry in medical matters; the press is often sending out something from his prolific pen. Dr. B. seems to have found more certainty in the practice of surgery, than in the administration of drugs. In a word, if we understand him, there is no certainty in medicine beyond what is based on a most thorough and complete knowledge of the properties of the articles given; the structure and constitutional circumstances of the patient; the conditions of the climate; the chemical combinations and changes that take place in the stomach by the introduction of supposed remedies for undefined diseases; and, lastly, the experience, learning and tact of the physician—so that, in the end, there is some uncertainty associated with the certainty of medicine. It requires a disciplined mind to trace out all the whys and wherefores that present themselves in the practice of physic; and by reading this discourse, some aid may be obtained in doing this. Therefore, we recommend to those into whose hands the pamphlet falls, to give it a deliberate examination.

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*American Medical Society in Paris.* TO THE EDITOR.—Dear Sir—Having recently become a member of the "American Medical Society in Paris," and knowing the interest which you feel in those institutions which have for their object the promotion of medical science, I herewith send you a list of the society for the ensuing term, with a brief statement of its condition. The officers are, *President*, N. J. Pitman, M.D., N. Carolina; *1st Vice President*, H. B. Walton, M.D., Maryland; *2d Vice President*, W. A. Conway, M.D., Louisiana; *Corresponding Secretary*, D. R. Haynes, M.D., Dist. Columbia; *Recording Secretary*, R. W. Gibbs, M.D., S. Carolina; *Treasurer*, W. E. Johnston, M.D., Ohio; *Librarian*, J. Wilkins, M.D., Maryland. The number of active members is sixty-seven. The society, although in its infancy, is nevertheless in a prosperous condition. There have been several contributions towards the formation of a library; and American medical authors would confer a lasting benefit, if they would enrich the library by their productions. May they not be *unmindful* of the society; for it is numerically larger than any of the other foreign societies here, and its basis should be as firm.

The faculty of medicine opened their winter course, last week. M. Piorry pronounced a eulogy upon M. Fonquier, which was worthy of the head and heart of its illustrious author.

Respectfully,

A. B. H.

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*Virginia Medical Journal.*—Geo. A. Otis, Jr., M.D., formerly of Boston, a man of promising talents and industry, one of the junior members of the profession, will assume the editorial charge of this Journal. This periodical is established under the auspices of a number of the most eminent physicians of Virginia, and no exertions or expense will be spared in order to make it a fit vehicle for the expression of the opinions of southern physicians, and a fair representative of American medical periodical literature. Its chief feature will be a careful digest of foreign intelligence derived from the chief English and French Journals.

We congratulate our young friend on his entrance upon an editorial career. It will not be without a multitude of anxieties; and if he happens to run counter to the selfishness of somebody who is willing to be written

into celebrity, without an effort of his own, may the destinies watch over the editor.

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*Malaria.*—It is always gratifying to hear from medical gentlemen of the South. They are generally close observers and fearless writers, and energetic in sustaining their well-digested opinions. This of course gives spirit to their published productions. But they should write more of them, and send them abroad much oftener. In May last, S. S. Satchwell, M.D., of New Hanover Co., North Carolina, produced an essay on malaria, that was read before the Medical Society of North Carolina, at Wilmington, which has been printed, and a copy received by us. We would gladly extract one or two pages from this erudite pamphlet; but our limits will not permit. We can therefore only say, that if any have a desire to study it, by addressing a note to its talented author, copies might be readily procured. The closing remarks of Dr. Satchwell are here given. "This vigorous agent of death, malaria, continues its ravages in many of the fairest regions of the globe. It continues to produce the malarious physiognomy; the jaundiced eye, the tumid abdomen, the depressed spirits, the stunted growth, and the shortened life, characteristic of so many persons who live in a malarious region. Under the influence of the domain of agriculture and of enlightened views of hygiene, it is losing its hold more and more in many of its old accustomed haunts. But still, its destructive ravages are witnessed and felt to a great and fearful extent."

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*Chemically Pure Alcohol.*—Mess. Philbrick, Carpenter & Co. chemists, of Boston, have invented a perfectly new process for the purification of alcohol, which excludes every foreign matter, even fusil oil, which has been a desideratum in medical preparations. As the cost is a mere trifle more than the inferior article, druggists and practitioners will gladly avail themselves, it is presumed, of the prospective advantages of this intelligence.

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*Singular Medical Organization.*—At Galesburg, Illinois, a medical association was recently formed under the name of the Knox County Medical Society, which seems to have fewer resident than foreign members. Appended to the constitution is a list of associates, running thus—A professor of St. Louis University; one of the Missouri University; the Ohio Med. Institution; the University of Pennsylvania; the University of N. York and the Jefferson Medical College. How gentlemen residing thus remotely can exert much personal influence to promote the special objects contemplated in a country medical society, is not readily seen. Some years since, at Harvard College, a society of imaginary dignities used to elect, in sport, distant members, and a part of the enjoyment at their evening convivals was to read the grave letters of thanks from savans in Europe, returning thanks for the honor of their election.

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*Death of a Surgeon.*—Dr. Justus E. Stevens, of this city, who was surgeon of the 9th Regiment in the Mexican war, was buried Wednesday afternoon with military honors. The funeral cortege was large and imposing, and testified strongly and most honorably to the worth and character of the deceased. Appropriate religious services were held at the residence of Dr. Stevens's father, in Howard street, conducted by Rev. Mr. Streeter. Gen. Franklin Pierce, President elect, Judge Caleb Cushing, Maj. Lally,



Maj. Pitman, Col. I. H. Wright, Lieuts. Roberts, McKim, and others who were with the deceased in Mexico, were present, together with the Ancient and Honorable Artillery Company and the Boston Independent Fusileers, to both of which corps he formerly belonged. The procession followed the remains to the cemetery in Charlestown, the escort being performed by a detachment of 16 men, commanded by Lieut. F. A. Allen, from the Ancient and Honorable Artillery, followed by the Boston Brigade Band, while the rest of the company, with the Independent Fusileers, marched as mourners. The customary three volleys were fired over the grave."

The foregoing account is taken from the Transcript. It is copied on account of the interest the medical staff, who were the companions of the deceased in Mexico, will naturally feel in the melancholy record of Dr. Stevens's death. We sincerely sympathize with the bereft father, who in his old age is suddenly bereft of a son of whom he had reason to be proud. Many of the army surgeons who were in Mexico, returned home with enfeebled constitutions, and some of them have gone down to the grave in early manhood, victims to the hardships and exposures incident to a military life in active service.

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*American Medical Association.*—It is extensively known that dissatisfaction was manifested at the last meeting in regard to the organization of this national body, which has resulted in bringing out a long series of proposed amendments to the constitution. Unfortunately, they are too many and too long for our pages, without excluding every thing else. When the anniversary approaches, it will be seasonable enough to present the prominent points, and open the way for a fair discussion, if any is demanded.

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*Finch's Obstetrical Supporter.*—A medical gentleman in western New York very much desires to have the following questions answered by those competent to do so. We have the apparatus alluded to, but have had no opportunity to test its usefulness. From the accounts given, that it is extensively used, some disinterested practitioners must be qualified to give an opinion that will be satisfactory to our correspondent. He says—

"Will you give *your* views to the public (or if not to the public, to myself), as to the practical value and importance, if any, of 'Finch's Obstetrical Supporter,' &c.? What I wish to know (and so do many others of the profession), is, whether it is of any practical value, or whether, like many other *soi-disant* inventions and improvements, its *merits* exist solely in the imagination, and its *sale* depends *alone upon advertising* and the ingenious representations of those interested in the sale? For myself I am not in circumstances to feel able to pay \$15,00 (the price), to ascertain whether I have been duped or not. Will you, Mr. Editor, or some one who *knows* and is *disinterested*, give us the information desired, and oblige

MANY READERS."

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*The late Dr. Daniel Drake.*—The death of this distinguished physician and medical author has already been alluded to in our pages. The following brief notice of his last sickness and the respect paid to his memory in Cincinnati, the place of his residence and death, is from the Western Lancet.

"Professor Drake had been subject, for a number of years, to attacks of

cerebral congestion, which he ascribed to malarious origin. His last illness commenced as an ordinary influenza, which had been prevailing in this city for a number of weeks; and following this, his cerebral disease supervened, with more than usual violence. He had also been exposed to the atmosphere of typhus and typhoid fever, which, it is believed, had contaminated his system. Like physicians generally, he was too much inclined to prescribe for himself; and, with a mind somewhat out of equilibrium from the cerebral disease, he occupied the most precious time, and perhaps the curable period of his disease (if such existed), without the counsel of a medical friend. Soon it was perceived that his system was becoming rapidly prostrated, and his own perception taught him that death was near at hand. The cerebral congestion rapidly increased, and for a period of twenty hours prior to death, he was profoundly comatose. Death released this great man from his earthly pilgrimage on Friday evening, the 5th day of November, at five minutes before six o'clock, P. M.

"It is not our purpose now to write a history of the life, nor to expatiate on the character of Professor Drake: we have not now the material, nor is this the time for such an article; but at some future period we expect to be able to lay before our readers an account of the principal events of his long and useful career. We have never known so many tokens of respect bestowed on any member of our profession, as have been manifested in relation to the deceased. All of the medical bodies of the city, together with those of Covington, the University of Louisville, and our citizens generally, held meetings, and passed appropriate resolutions expressive of their regard for the illustrious deceased."

*Medical Miscellany.*—Smallpox has made its appearance in western New York, and at various other points. It has been prevailing extensively at Jamaica, among the laboring classes, but was subsiding at the last advices.—Deaths by pulmonary consumption are appalling, according to the bills of mortality, throughout the country.—The meat biscuits invented in Texas, are selling at a rapid rate in England, and they ought to be more highly prized at home.—Dr. S. Humes, of Lancaster, Pa., who died lately, bequeathed \$2,000 towards erecting an asylum for the reformation of drunkards.—At the late celebrated meeting of German Naturalists, at Weisbaden, Dr. Posner read a paper on the influence which the medical profession ought to exercise on the hygienic condition of their fellow men—but they have very little in the United States, being rarely ever connected with health commissions or called in for scientific advice either in town or country, by legislative bodies.

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DIED.—In Franconia, N. H., 8th inst., Dr. John C. Colby, aged 49.—In West Swanzey, N. H., 18th inst., Napoleon B. Barton, M. D., aged 31. This is the death of the third physician out of the same family that we have been called upon to chronicle in the short space of 22 months—the father and two sons.—In England, the celebrated Dr. Gideon A. Mantell, a geologist and eminent writer, aged 62.—At the University of Kiel, Germany, Dr. Pfaff, aged 76.

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*Deaths in Boston*—for the week ending Saturday noon, Dec. 25th, 85.—Males, 44—females, 41. Accidental, 3—*anemia*, 1—*inflammation of bowels*, 2—*disease of the brain*, 1—*congestion of brain*, 2—*burns*, 4—*consumption*, 14—*convulsions*, 1—*croup*, 5—*diarrhoea*, 1—*dropsy*, 1—*dropsy in head*, 3—*infantile diseases*, 4—*puerperal*, 1—*exhaustion*, 1—*erysipelas*, 1—*typhus fever*, 3—*typhoid fever*, 1—*scarlet fever*, 12—*gangrene*, 1—*hooping cough*, 2—*disease of heart*, 2—*inflammation of the lungs*, 3—*disease of the liver*, 1—*marasmus*, 2—*measles*, 1—*palsy*, 2—*pleurisy*, 1—*scrofula*, 2—*unknown*, 2.

Under 5 years, 30—between 5 and 20 years, 14—between 20 and 40 years, 23—between 40 and 60 years, 12—over 60 years, 6. Americans, 32; foreigners and children of foreigners, 53.



*Fossil Elephant Exhumed.*—The following account of some huge fossil remains lately discovered at the West, is from a recent number of the Zanesville (O.) Courier. We hope soon to see a further description of these mammoth bones.

"A highly interesting discovery of what is termed the "Fossil Elephant," was made yesterday, on the line of the Central Railroad, in the river bank, near the residence of B. Vanhorne, Esq., in the eastern portion of our city. The parts exhumed, and the appearance of the gravel bank in which this was found, indicate that an entire "Monster" of this species has been embedded in this place, the fossiliferous remains of which are in a natural and tolerably good state of preservation. This is the third of the same species that has been discovered in the same bank within a few years past, the leading features of each being distinctly marked, so as to prove that three, at least, of these extinct animals left their remains within the boundaries of this city.

"The one found yesterday was in much the best condition, and may, when completely examined, show almost the entire bones and frame of the huge monster, much beyond, perhaps double the size of the living Asiatic or African Elephant. The molar teeth, four in number, all that the species possess, were found in the jaws sound and unbroken, and two weigh 20 pounds each, and two fourteen pounds each. The tusks were not in as good condition, one only being sound enough to bear moving. This one, eight feet in length, measured at its base  $26\frac{1}{2}$  inches in circumference, and at the point, eight feet distant, where it is broken off,  $16\frac{1}{2}$  inches in circumference, the whole length of which was twelve feet or more. We learn that it is intended to postpone the exhumation of the other portion of the remains for a day or two, in anticipation of the arrival of John W. Foster, Esq., United States Geologist, from Lake Superior."

*On the Hereditariness of Phthisis.* By DR. HERVIEUX.—Dr. Hervieux's object is to contribute some facts towards the solution of the question, as to the *mode* in which tubercles are propagated from parent to child, and at what period these become developed. He quotes the results of 711 autopsies made at the Hopital des Enfants Trouvées. Of this number, about 400 were less, and three hundred more than 15 days old. Of the 711, tubercles were only found in 32; a fact sufficiently remarkable for those who know the frequency with which tubercles occur in young children. But it is to be observed, that these 32 cases are not equally distributed among the 711 children; and the chief value of the present communication lies in its insisting upon this distinction. Thus, among the 400 children who had not passed their 15th day, tubercles were only found in 2; one 11, the other 13 days old. In the other 300 children, they were found 30 times—viz., 8 times in children from 15 days to one year; 8 times in from 1 to 2 years; 10 times in from 2 to 3 years; and 4 times in from 3 to 5 years (very few children above 3 years being, however, received into the infirmary). Examining the distribution of the cases which occur between 15 days and 1 year, we find none prior to the 4th month; 1 at the 4th, 1 at the 6th, 2 at the 9th, 2 at the 11th, and 2 at the 12th. Thus the rarity of tubercles in infants extends not only to the first fortnight, but the first four months—the parent evidently only transmitting the predisposition to disease. In private practice it may be expected to be still longer.—*Rev. Med. Chir.*, vol. xi. p. 331.

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## DISEASES OF FEMALES.

An Address delivered before the Berkshire District Medical Society, at Pittsfield, Nov. 23, 1852, by CLARKSON T. COLLINS, M.D., of Great Barrington, Mass., Fellow of the New York Academy of Medicine, formerly Editor of the New York Medical and Surgical Reporter, Member of the American Medical Association, &c. &c.

[Communicated for the Boston Medical and Surgical Journal.]

MR. PRESIDENT AND GENTLEMEN,—It is with mingled feelings of pleasure and pain that I appear before you in the capacity of a speaker. It certainly is most pleasing to my feelings to meet with so respectable a body of medical gentlemen, and to recognize in them that beautiful spirit of brotherhood which always exists among true scientific inquirers. But had I not been aware of your characteristic lenity, I scarcely should have ventured to consent to address you.

Even under more favorable circumstances, such an occasion as the present could not fail to cause powerful emotions in my mind, on account of my inability to do the subject *moderate*, not to say that *full* justice which it so richly deserves.

At a meeting of the Berkshire District Medical Society, held in Great Barrington, a few weeks since, its honorable Secretary, Dr. Guiteau, offered the complimentary resolution of invitation to me to deliver an address at the next meeting, upon the subject of a specialty which I had been pursuing. The venerable President of the Berkshire Medical College, Dr. Childs, who possesses all the vigor and enthusiasm of youth, which is guided by the wisdom that learning and experience imparts to age, in the course of the remarks he made in seconding the resolution, said that I need not feel it incumbent upon myself to prepare a labored discourse, but that if I would merely consent to come before the Society and exhibit the instruments I made use of, and explain the remedies I employed in the treatment of uterine diseases, he would promise that the gentlemen present would be satisfied. I shall, therefore, claim your indulgence to the full latitude of the doctor's promise.

As I am comparatively a stranger among you, I trust you will excuse me for making a brief explanation before proceeding farther, which may appear rather too personal at first view, for it is the reasons of my pursuing the slight investigations which I have in diseases of females, and for subsequently becoming a resident of this inland region of country. I am a native of the State of New York, and after pursuing my studies



and graduating in the city, I commenced my professional career in that metropolis. In 1843, I became connected with the New York Asylum for Lying-in Women, and about the same time the Eastern Dispensary, two of the many excellent medical charities of that city. These two institutions report annually over twenty thousand patients who receive attention from the medical corps connected with them. In this situation I found myself daily meeting with diseases of females, many of which could be traced either directly or indirectly to some abnormal condition of the organs of reproduction.

Such I also experienced in private practice. I was constantly annoyed and disappointed in my treatment of these cases. I sought to extricate myself by the experience of older members of the profession—and also read all I could find relating to these complaints. Others were making similar inquiries, both in this country and Europe. I saw that the true pathology of the disease still remained in obscurity. I determined to make myself a thorough student in that branch of medicine, and, gentlemen, allow me to assure you, I am still a student in the same department. I care not for the taunts and jeers of those miserable croakers, who gratify their own stupidity, as well as others of the same calibre, by talking about Dr. A, B or C's using a "spy-glass" to investigate diseases of women. Such ignorance is too plain to require even a passing notice.

I shall not attempt to array before you the names of the different writers upon these diseases; suffice it to say that some of them have written very practical and excellent works, and are justly considered good authority as guides in treating these affections.

The plates which I lay before you to-day are among some that I had prepared for a work on uterine diseases, which I contemplated bringing before the profession, and should have done so ere this had not unforeseen circumstances prevented. In 1849 I had an attack of pulmonary disease, which threatened to speedily terminate my existence by phthisis. About the same time domestic affliction overwhelmed me in the deepest sorrow, by the death of my younger and only brother, Dr. Chalkley Collins, who had then just received his degree in medicine, and was in the practice of the profession in New York, when he was suddenly cut off by the Asiatic cholera. Under such circumstances I took my family and sailed for Europe. After spending about one year abroad, I returned home, with almost the determination to abandon the practice of the profession. I sought retirement in the pure atmosphere of the picturesque hills of Berkshire, and by degrees I have been drawn into business, but have steadily avoided a general practice.

Such, gentlemen, is the brief history or accident of my residence among you. I now stand before you an humble advocate for the study of specialties. I would say to the younger members of the profession, or to those about entering the profession, first make yourselves thoroughly conversant with the corner stones of our art—*anatomy, physiology, chemistry, botany, general principles, and then theory and practice.* No man is properly prepared to study any specialty until he has had some experience in general practice; and even then he cannot do so to the

best advantage unless he is peculiarly favored by such opportunities as large cities afford. What a fine field there now exists in this widely-spread country for the exercise of talents which may have been cultivated in the study of diseases of the *chest, throat, the eye and ear, the stomach, kidneys and bladder*. Each of these divisions of the human body has had its special devotee, who has not failed to make himself world-renowned by some new discovery or improvement in the treatment of disease, in the course of his investigations. It is thus that knowledge in the science of medicine is accumulated, general practice perfected, and suffering humanity relieved.

But to return to the subject of diseases of females, particularly of the womb, and its contiguous organs. It needs but slight observation to see that the fairest and best of God's creation, in our country, are becoming sickly and puny; the very contrast of our New-England mothers. If the refinements of civilization bring upon us incurable diseases, we had better at once go back to primitive habits. Perhaps there is actually no more disease now-a-days than formerly, according to the number of people; there may be less acute and more chronic diseases. And the professional as well as non-professional are more severe and exacting in diagnosis, as well as therapeutics. For the sake of the preservation of our species it is to be hoped that this same feeling will increase. Let us for a moment start the inquiry, why should we not expect to meet frequently with derangements of the uterus, ovaries, and their adjunct parts, the bladder and rectum; and also to have other organs sympathizing with these when any lesion of either occurs? Such is their anatomical relation to each other and to the whole system, and the very important part they play in the animal economy, that were we merely to study them in the abstract, we should readily conclude that such a delicate structure, governed by peculiar physiological laws, would become the seat of disease. Slight experience in the practice of medicine confirms us in the belief that no part of the human body is so liable to functional derangement and organic disease as the female genital organs. No class of diseases have remained in greater *obscurity*; and none, I affirm, are *more susceptible* of treatment.

What a wonderful metamorphosis the female system undergoes at the age of puberty! The playful school girl is accustomed to look upon all of her associates, both male and female, with feelings of indifference, while nature is gradually developing and modelling her for another life; when suddenly new and strange ideas fill the mind—unknown feelings are awakened—and the lively and sportive girl becomes taciturn and shy; avoids her former associates and childish pleasures, and seeks retirement or other modes of diversion. The child has arrived at that important era in her life when she is to become a woman. Both body and mind undergo a change. The genital organs, which were previously dormant, become suddenly developed, and take on an entire new character, to be governed by natural laws. The naturally delicate and susceptible constitution of the female is exalted to an acuteness not before known; the sudden transition of the sexual organs from a state of apathy to one of great activity, renders them *particularly liable to disease*.



It is at this period of life that so many make such sad mistakes in wholly neglecting the physical training, the proper clothing to be worn, and habits to be formed. Such would make a good subject to be treated of at some length, pointing out prophylactic measures; upon the principle of the old maxim that an ounce of prevention is worth a pound of cure. I should be highly gratified to devote a chapter to the pathology and treatment of diseases peculiar to this interesting period in the life of females, but such must be reserved for another occasion. The present is only intended to hint at the importance of this vast field of inquiry, and to excite a more lively interest in the subject, on the part of the profession in this region.

Dr. Bennet, in his admirable work on "Inflammation of the Uterus and its appendages, and ulceration and induration of the Neck of the Uterus," makes these remarks in the Preface to his second edition. *"Guided by the clinical experience of the last twelve years—during which period I have constantly studied uterine disease in wide fields, and with the advantage of more accurate means of investigation than those generally employed—I have endeavored to demonstrate the important fact that INFLAMMATION is the key-stone to uterine pathology, and that unless the phenomena which it occasions be recognized and taken into consideration, all is doubt, obscurity and deception."* The same author also says that ulceration and induration of the neck of the uterus, may be considered the most common of all uterine lesions.

Any one who has had any amount of experience in the investigation and treatment of uterine disease, will, I think, fully concur with Dr. Bennet.

What are the most common causes which give rise to these troublesome maladies? They are various; anything which disturbs their natural function, or interrupts, materially, the laws of nature, may kindle up disease. In the married state, the most frequent cause of inflammation of the cervix uteri and ovaries, is the physiological congestion and excitement attendant upon excessive *coitus*; especially in the newly married, in whom it not unfrequently happens that the inflammation thus established is followed by ulceration, chronic disease engendered for life, and barrenness may be one of its sequelæ. But, gentlemen, it will not do to be too positive in assigning this as the cause of the disease, upon making our speculum examination, for I assure you that I have often found quite extensive ulcerations, and a highly-congested condition of the cervix, with chronic inflammation of one or both ovaries, in unmarried females in whom I was obliged to rupture the hymen with the speculum, in order to treat them. A practised eye, however, will readily distinguish the difference of cause, on seeing the disease.

As a matter of course, such cases are of considerable standing, and more or less aggravated in their nature, for it is only by long sufferings and after every other means have been tried, that young ladies are driven to submit to the proper treatment. I mean my remarks here to apply to the cervix uteri, and not to ovaritis, for the latter disease I have found more common in the unmarried.

Dr. Coale has recently published some articles in the Boston Medical and Surgical Journal on "Uterine Displacements," wherein he lays

great stress on the present mode of ladies wearing their clothes suspended upon their hips, and across the lumbar region, and so pressing upon the contents of the lower portion of the abdomen as to cause displacement of the uterus. I have often thought of the same thing, but by taking considerable pains to ascertain the truth of this, I really have not been able to fully satisfy myself that this was the principal cause in a single instance; although it appears to me to be reasonable to suppose that the present fashion of wearing so many pounds weight suspended about the waist must have a deleterious influence on the health, and may act mechanically as well as physiologically upon the uterine organs. The old fashion of wearing shoulder-straps to the petticoats, I think, would be much better. It seems to me the fact is, some females are naturally peculiarly predisposed to uterine diseases; as we see it the case in other complaints, such as consumption, follicular disease of the throat, &c. It becomes us, however, as physicians, to endeavor to study how to cure disease, if we cannot always ascertain the exact cause.

That a structure possessing such vascularity as the womb and its appendages, governed more or less by moral influences; subjected to constant and varied excitements, either by the mind or in performing its natural functions; or by the different movements of the body in walking, leaping, dancing or lifting; being so intimately and peculiarly associated with other organs and their functions through the medium of the nervous system; and being suspended or supported in the most delicate and frail manner, and affected by the slightest deviation from its natural position, should very often become the subject of disease, is not at all surprising. And when once affected, its relative position invites an increase of disease, so that the doctrine of the *vis medicatrix naturæ* is less applicable here than in almost any other class of disease.

Constipation of the bowels may cause engorgement of the cervix uteri, and *vice versa*; for we generally have a torpid condition of the lower portion of the bowels, when uterine disease has been of long standing. Ulceration and prolapsus may follow an accouchement where proper care has not been observed in regard to the patient's standing on her feet or sitting up before the uterus and vagina have regained their tonicity and position; or where the bowels have not been properly attended to.

Pardon me, gentlemen, for giving a single illustration of the effects of neglecting the bowels after parturition. The case occurred in New York city, and is by no means an isolated one.

A lady of about 30 years of age, possessing a good constitution, had borne several fine healthy children, and had previously got along after her confinements without any difficulty. Her physician, a little past the middle age, who had attended her with all of her children, a short time previous to her last confinement became a convert to the infinitesimal theory of medication. (He now enjoys an immense practice, but did not formerly.) On the second day after delivery, the nurse asked the doctor if she should give madam a dose of castor oil? He replied "no"! Then what should it be—rhubarb and magnesia? "No."



Should she administer an enema? "No," said the doctor, "I have learned at last the *true theory in medicine*, which is not to interfere too much with the laws of nature; madam's bowels will be moved as soon as nature requires it." So the case went along a few days more, trusting to the *doctor's nature*. Both patient and nurse spoke to the physician again after waiting as long as they dared to, upon the same subject, and referred to her previous confinements, and how well she had got along under the "old-fashion" practice of taking a mild laxative after her confinements. The doctor now intimated to them that he fully understood his own business, and did not wish to be dictated to, and that all the uncomfortable feelings in madam's bowels would soon pass off if they would only exercise due patience; but he persisted in not allowing any physic to be given. The woman went just *fifteen days*, when the nurse gave, on her own responsibility, a large dose of oil, and in the course of a few hours afterwards administered an enema. Defecation was performed with the greatest difficulty, causing intense pain as the hardened fæces, which had been so long accumulating in the colon and rectum, came away in large masses. All this, as you would suppose, caused an *admirable* case of prolapsus and induration, which was followed by ulceration of the cervix, and chronic ovaritis. The attending physician received his *quid pro quo* of *twenty dollars* for causing the disease, and I charged *seventy-five* for curing it. So you see, gentlemen, we ought not to complain, so far as our pecuniary interest is concerned; but honesty towards ourselves as well as the public compels us to speak the truth, though the "heavens fall."

Homœopathy is an hypothetical fabrication in metaphysics which will only remain a *stupendous monument* to human folly. It has never given us a single improvement in the healing art, and merely tends to establish one practical fact, viz., that a peculiar hallucination in medicine may become epidemical in its character.

[To be continued.]

## RESPIRATION SUBSERVIENT TO NUTRITION.

[Continued from page 457.]

**WHAT**, then, is the great end of respiration? Does it sustain any relation to nutrition? Is it indirectly or directly subservient to that perfect elaboration of the nutrient fluid by which it is fitted to build up the tissues, and sustain the organs in all their vital functions?

Indirectly, it is subservient to nutrition, in the higher animals, by the very maintenance of the appropriate degree of animal heat. It is not in inorganic chemistry alone that heat promotes energy and intensity of action. In vital chemistry, in living functions, the same phenomena are observed. While a certain degree of heat is best adapted to the healthy and vigorous activity of each animal, a lower degree will retard it, even to the stagnation observed in the hibernating state; and a higher degree will accelerate the vital functions to an extent incompatible with the preservation of life for any length of time. Animals under such circumstances

live too fast, and soon wear out. This is especially seen in the lower animals who are dependent upon the surrounding media for their temperature. But the higher animals are not thus dependent. They are constructed upon a plan, which furnishes them with internal resources to resist external influences. The very form and habits of the inferior animals are controlled by surrounding circumstances; the form, habits and life of the higher animals are shaped by a power within them, which often prevails over powerful antagonistic influences from without. The lower animals are acted upon by the external world; the higher so formed as to act upon it and to mould it to their purposes.\* And this independence, this internal energy, is in a great measure owing to their capacity of preserving their proper temperature, amid the changes in that of the surrounding elements. This uniform temperature, exactly suited to the nature of each animal, promotes and secures a constancy, precision and energy in the nutrition of the tissues and in all the vital functions, that supply the animal with resources and power within himself to work out his destiny, in the face of opposing influences in the world around him. Without doubt, too, it promotes those important changes which are going on in the nutrient fluid itself, giving energy, rapidity and precision to all those processes by which it is perfected and prepared for the nutrition of the tissues. Thus the peculiar animal heat of the higher animals is the handmaid of that vigorous nutrition, by the constant self-sustained activity and energy of which they are prepared to meet all the exigencies of their higher condition and are able to mould surrounding circumstances to their wants, instead of being moulded by them.

So, also, respiration may be indirectly subservient to nutrition, in all animals, by its power of removing carbonic acid from the system. The large amount of carbonic acid formed in the higher animals in the process of calorification, if not immediately removed, would exert a most pernicious influence upon all the vital functions by which the nutrient fluid is elaborated and appropriated by the tissues. Indeed it would speedily arrest nutrition and all its subordinate processes. This excretion of so deleterious a substance, has therefore indirectly a most important bearing upon nutrition. The same may be said, though in a lower degree, of the more limited excretion of carbon in the inferior animals.

Moreover, though much of the carbon used in the calorification of the higher animals is derived from a part of their food especially designed for this purpose, a very considerable portion of it is also derived from the decomposition of the tissues. This is probably the almost exclusive source of the carbonic acid given off by the respiratory organs of the lower animals, when in a state of activity and excitement. This activity is only maintained at the expense of the tissues in which it is manifested. They are used up to maintain it. As in mechanics there is no force exerted without loss of power, so in life there is no vital force exerted without loss of material. The old material is used, is decomposed, and new material is substituted, is assimilated. And

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\* Agassiz.



so far as the formation and excretion of carbonic acid is thus connected with the exchange of old for new material in the tissues, or, in other words, with the nutrition of the tissues, just so far is the decarbonizing function of respiration most intimately related to nutrition. Indeed this would seem to be something more than indirect subserviency.

But, still further, the new supply of nutrient fluid coming directly to the respiratory organs from the digestive apparatus, is, in the higher animals, rich in carbon, and perhaps in all animals may require the removal of some carbon from it, to adapt it to the purposes of assimilation. If so, here would be a still more direct agency of the decarbonizing function in preparing the nutrient fluid for nutrition. Considering respiration, therefore, in this point of view, that is, with reference to the excretion of carbonic acid, it is certainly subservient to the nutritive processes indirectly in a most important way, and probably has even a direct bearing upon the preparation of the nutrient material, and upon its application to the uses of the living tissues. Thus both calorification and decarbonization are not to be regarded as final causes, as the great end for which we breathe; they are but means subservient to a higher end, and that end is nutrition.

But is it only in these points of view that respiration is to be regarded as subservient to nutrition? Is it only by maintaining animal heat, and excreting carbonic acid, that it ministers to this cardinal function? It seems to me that there is a higher point of view to be taken of this connection; that respiration has a more important office to perform than either of the two which have been mentioned; that it has nobler work to do than the mere drudgery of preserving the proper temperature and removing useless or noxious substances; that it is not a mere builder of fires and sweeper of apartments, but is a chief artist in nature's workshop; that it has a most direct and positive agency in the elaboration of the nutrient materials; that it puts the finish upon the work of the subordinate functions; that its office is to bring the vital fluid to a state of perfection, and thus present it to nature ready for her use.

The distinguishing phenomenon of the respiratory process is—the consumption of oxygen. This introduction of oxygen into the system is unquestionably its primary, fundamental office. It is universal, it is everywhere indispensable to life, it is not subordinate or incidental to any other process. The excretion of carbonic acid may, perhaps, prove to be universal, but the large excretion of this substance in the higher animals is merely incidental to the calorifying process, and even the more limited excretion of it in the lower animals, when active, may be considered as chiefly incidental to the decomposition of the tissues; and it still remains to be shown, that the carbonized products of the tissues, wasted by vital action, may not be removed from the system of the lower animals by the agency of the liver or some other excreting organ of a similar character. The reception of oxygen into the system is, however, beyond dispute, a universal, a necessary, and a primary or fundamental office of the respiratory function.

And this oxygen is not received into the organs of respiration merely to extract carbon from the blood, by attracting it through the thin walls

of the bloodvessels, and air-vesicles, and then passing off with it in the form of carbonic acid. It is now well known that the carbonic acid is formed in the system, and is brought in the veins to the lungs and there thrown off, (and may even be thrown off freely when no oxygen is inhaled), while the oxygen is received into the system and accompanies the arterial blood on its proper mission. It may, indeed, abstract some carbon from the newly-formed chyle, and thus may form some carbonic acid in the lungs; or it may, perhaps, exert there some other influence upon either the new, or the older parts of the nutrient fluid, or upon both; or it may produce some important change in the nutrient fluid as it accompanies it in the arteries; or it may reserve its forces till it reaches the capillaries, and there act directly upon the living tissues. It does not expend its power in the lungs in the formation of carbonic acid, but either acts directly upon the nutrient fluid, or goes with it to act upon the living tissues in all parts of the body. And here it must be remembered that oxygen is one of the most important elements in inorganic and organic compounds, that it is one of the most powerful agents both in natural and vital chemistry.

Now for what purpose is such an agency as this brought to bear upon the vital fluid just before it is ready for assimilation, or even brought to bear directly upon the living tissues? Is it probable that it only enters the circulation and passes round the system as a mere vehicle to take up the useless and injurious particles of carbon and carry them out? Are we sure that the vital energy of the tissues is not competent to this excretion of carbonic acid, as well as of the elements of bile or urine? Is oxygen merely a laborer's wheelbarrow, to be passed up and take its load of carbon and carry it away? Has not this powerful and indispensable element a higher office than this, and one more closely connected with the perfect formation and assimilation of the nutrient fluid, and the vital action of the tissues themselves? There is a most significant fact bearing upon this point—that throughout the whole animal kingdom, the nutrient fluid, be it in the form of chyme, chyle, or blood, must in every case be first exposed to the influence of oxygen before it is prepared for assimilation; and having once gone round, and returned to the heart, it must again go to the lungs to be oxygenated before it is prepared to be offered a second time for the use of the various tissues. This appears to be the last stage in the process of preparation, and an indispensable one. By this the elaboration of the nutrient material is perfected and it is finally fitted for use.

In cases of death produced by suffocation, or of a depression of the vital actions by this means, it has been commonly supposed that the brain and other organs are oppressed by the poisonous influence of the carbonic acid in the blood. Whatever may be true with respect to the poisonous influence of the carbonic acid, is it certain that this oppression is not in some measure owing to a deficient supply of the proper material for nutrition? If the exercise of vital functions is carried on at the expense of the vital elements composing them, if all vital action involves waste of tissue and depends upon it, may not this oppression be partly or even chiefly owing to a deficiency of appropriate



materials to supply this waste, to sustain the vital action of the brain and muscles? This is the more probable, or rather the more certain, inasmuch as these same phenomena of asphyxia are produced by the inhalation of hydrogen and nitrogen, which permit the carbonic acid to pass off freely, but do not supply the blood with oxygen. And not only are the tissues deprived in this way of the perfected nutrient material necessary to sustain their vital action at each moment, they are also deprived of the stimulus to action which such perfectly elaborated material would furnish, and which, perhaps, the oxygen itself may also afford. Thus, on account of the deficiency of oxygen in these cases, there is not that needful stimulus, and that supply of the elements of force, which the active exercise of these functions requires. May not this be one reason why the blood is accumulated in the lungs—not merely because there is a poisonous substance mingled with the blood that is otherwise adapted and sufficient for its purposes, but also because there is a deficiency in the blood itself, a want of that vitality which oxygen would produce in it, so that it cannot now supply the appropriate stimulus to the organs themselves, to the minute vessels and cells of the lungs, to the elements of the nervous, muscular and other tissues, and also cannot supply the necessary nutrient materials at the expense of which the functions must be carried on.

The phenomena of etherization show, that with good aërated blood a substance may be mingled producing a most oppressive influence upon the system without interfering with the more vital functions, thus not destroying vital action, but merely suspending or modifying it in certain respects. And even though carbonic acid exerts a more powerful and oppressive and often fatal influence, it would seem to be not this, but rather the privation of oxygen, that arrests the vital action and stagnates the living current in the midst of its course, by withholding from the blood and the tissues the influence of that powerful agent by which their vitality is maintained.

That the oxygen consumed in respiration has such an influence directly upon the blood, or the tissues, or both, and is not destined merely to the formation of carbonic acid, is evident from the fact that more oxygen is consumed than is given out in the carbonic acid.

This is especially obvious in some of the lower animals, in which the amount of oxygen consumed is three times as great as that given out in the form of carbonic acid. So that even supposing there is no carbonic acid formed wholly from the decomposed tissues, and that all the oxygen given out in the carbonic acid is furnished by the respiratory organs, there is still an excess of oxygen which can exert the direct influence upon the vital fluid and the tissues referred to above. But it is not at all improbable that a large part of the carbonic acid supplied by the wasting of the tissues in vital action may be furnished wholly in the form of carbonic acid by those tissues. If so, there would be a still larger surplus of inspired oxygen to be applied directly to the perfecting of the nutrient fluid.

I cannot in this essay enter fully into any of these topics. Indeed, my design has rather been to bring forward these questions, which have

been started in my mind by a consideration of the recently established facts of the chyme-, chyle- and blood-circulation of the several great divisions of the animal kingdom. Here certainly is a broad field for research upon some of the most important points in physiology.

In the imperfect survey above taken of this field, some things have been stated with a degree of confidence that the facts seemed to demand, but many things have been presented only as questions naturally raised and requiring an answer.

So much, however, may be fairly considered as established :—

That respiration has not exclusive or even principal reference to calorification, but has reference to some more important, universal, fundamental influence upon the animal economy, which may be exerted at any temperature in which organic life can be maintained, and without reference to the maintenance of that temperature ; and that its calorific function in the higher animals is only a secondary adaptation of it to their peculiar circumstances :

That the decarbonization of the blood, even if it prove to be universal and necessary to life, is a function incidental to other processes, and by no means the primary and essential office of respiration :

But that the cardinal office of respiration is to supply the blood with oxygen, which by its powerful agency may perfect the nutrient fluid and fit it for assimilation, and which may also, perhaps, act directly upon the living tissues, thus having a most direct and intimate relation to the great central function of organic life, nutrition.

[To be continued.]

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#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

##### FOURTEENTH LETTER.

MY DEAR FRIEND,—What did I wish to prove to you in my last letter ? That observation had by no means demonstrated the contagion of syphilis from the nurse to the child, and from the child to the nurse, without the presence of primary accidents : that nothing was less established than that pretended contagion of secondary accidents, and that in all the cases invoked as a proof of this mode of transmission, either the essential details were wanting to bring about conviction, or evidently it was a question of primary accidents.

Mark well, I beg of you, that I do not reject in an absolute manner this mode of the transmission of syphilis. I only say, not quitting the field of strict observation and the rigid analysis of facts, that the existence of this mode of transmission is not yet proved, and I add that if it is ever proved, it will only be by inoculation ; inoculation alone being able to furnish the undeniable demonstration of this, and to put the subject forever at rest.

But are you going to say to me—do you forget, then, that some persons pretend to have proved by inoculation even, the contagious pro-



perties of secondary accidents? No! certainly not, I have not forgotten it. I wish that I could. I should not thus find myself under the painful obligation to cast too legitimate doubts upon the experiments made by men whose works I honor, but who appear to me to have concluded upon this subject with a little precipitation.

Wallace has published two observations of secondary inoculation followed by results which appear positive. This writer upon syphilis well says (*Syphilidologie* de Behrend, 1841, page 60 et suiv.) that he has determined in healthy individuals inoculated with pus taken from patients laboring under the influence of secondary accidents, first, primitive, followed later by confirmed secondary accidents. It is very certain that as far as effects produced and as results, the observations of Wallace have at first something plausible. But what is not demonstrated at all, is the nature of the accidents reputed secondary in the patients from whom the inoculated pus has been taken. Here, the most important details are wanting. They are content with saying that in the first observation the patient had syphilitic psudracious pustules of fourteen days' standing. In the second observation the same pustules are mentioned as dating from four weeks, and forming little crusts. In the first case the subject was inoculated upon the shoulders; in the second, upon the prepuce.

But, first nothing proves that the psudracious pustules from which Wallace had taken the pus were secondary accidents. The form, the number, the seat of the pustules, would not suffice to give them this character; for this, another thing is necessary, which we do not find in the observations of Wallace.

On the other hand, what precautions did he take after having inoculated? In a venereal hospital, where we find the virulent matter everywhere, the subsequent contacts are so easy, if after artificial inoculation the punctures are not guarded from every contact, as we are in the habit of doing, by placing them under a watch-glass, and causing this *syphilitic grain* to germinate under cover; if the instruments of which we make use have not been washed with the greatest care; if, in a word, the most minute precautions have not been taken, it is impossible, in circumstances so serious and important, to draw strict conclusions.

I am much the more exacting in these observations of Wallace, inasmuch as there passed something unusual in the results of the inoculation.

In the first subject inoculated, the 15th November, *it is not until the 14th December following*, that there formed upon the place of the inoculation a little papule, covered with crusts, below which a small superficial ulcer was discovered. From this the evolution of the symptoms described by Wallace, and which might have an entirely different origin.

In the second subject inoculated upon the prepuce the 1st of June, *it is not until the 28th of June* that a little crust of a dirty-yellow color, surrounded by an areola, is found upon the parts until then abandoned to themselves without any precautions. The glands in the two groins are swollen, the spot covered with crusts is scarcely excoriated; the 24th July, the entire body is covered with an exanthema, the characters of

which appear to be syphilitic. At a later period, some accidents are discovered about the anus, the origin of which is not ascertained; without doubt from the description, these accidents greatly resemble the mucous tubercles, and these tubercles exist also upon the scrotum, upon the back of the tongue and upon the tonsils; but the raphé of the patient is *red and much tumefied*; the patient says that in walking, a *very considerable ooze escapes from the anus*. Now, the tumefaction of the raphé and the intra-anal suppuration are often met with in the chancre or primary ulcer of this region. The primary accident contracted *à preposterâ venere* has for its favorite seat the anterior portion of the anus where the raphé meets it. There is, then, in the case of this patient, more probability for the existence of a primary accident which had commenced in that region, and about which no previous inquiries had been made, than there is in placing the commencement of the disease in what had been observed upon the prepuce, which had not presented any of the symptoms by which syphilis commences. I add that in well-made inoculations, the evolution of the symptoms may be sometimes slow, but it is always constant, and we never see the interval of *a month or twenty-eight days* between the inoculation and the appearance of the accidents.

Thus, my dear friend, what motives there are for doubt in these two observations of Wallace! After the analysis that I have just made of them, I cannot think that they will still serve as a support to the doctrine of the inoculation of secondary accidents.

I have just told you of the possibility of *an anal chancre* in the case of the second patient. This supposition appears to me to be so much the more well founded, as that in England they seldom search for this seat of chancre—the English medical customs reflect that sort of far-fetched modesty which characterizes this nation. I recollect that in a trip to London, they showed me at St. Bartholomew's hospital, with a kind of earnestness, some males and females affected with secondary accidents which were considered as the immediate result of contagion. My friend Dr. Acton was present at this exhibition. You are aware that I think infinitely little of constitutional syphilis d'emblée, by way of contagion; so that, making use of my *right of search*, I put myself upon the way. I laugh still at the startled air of the house-surgeon and his assistants, when carrying a bold finger and a scrutinizing look into certain mucous folds, I succeeding in discovering in the *perfidious Albion* a back door. I ought to add, that immediately the house-surgeon threw a veil, or, less poetically, let fall the sheet upon these too visible marks of a contagion very easily explained.

To return to Wallace; it is very singular that he who has made such a great number of inoculations, has succeeded in inoculating secondary accidents only in two cases, and that he has so badly demonstrated these. These cases constitute an exception, and there cannot be an exception here. The secondary accidents either do or do not inoculate. Please to recall what I have said upon those cases of blennorrhagia of Bell reputed exceptional; there could not be for them any exception, and experimentation has in fact proved that the *exceptional cases* came under the law of inoculable chancre.



But if the facts which have passed upon the other side of the channel can, as I think to have proved it, raise up very reasonable doubts, here is a fact which has taken place very near me, and which appears to present more value.

It was at the Hospital du Midi that this fact took place. I should not have the liberty to speak to you of this, had not an interested party, too interested in fact, given me the right.

It is concerning secondary accidents inoculated from a patient upon a healthy individual. The inoculation has perfectly succeeded. One of our brethren, who without being a *casuist*, is not, however, favorable to experimental researches, has himself practised this inoculation, and has planted upon each of the fore-arms of one of the internes of the hospital a chancre which has indurated, and which has determined the indolent enlargement of the axillary glands, and which in the four months which followed has given place to perfectly well-characterized secondary accidents, nocturnal cephalalgia, falling out of the hair, scabby eruptions upon the scalp, mucous tubercles upon the velum palati (psoriasis of the mucous membranes), &c. ; it is the constitutional verole, the least contestable possible, and I have no desire to contest it.

But—and there is all the question—of what nature were the accidents which furnished the pus inoculated ? The patient from whom was taken the inoculable matter, according to the observation which has been given me by the interne inoculated, was affected with an indurated chancre of six weeks' standing, and cicatrized ; he had mucous tubercles about the anus—ulcerations about the great toes, pustules accumulated upon the thoracic region ; large pustules covered with crusts, below which, ulcerations progressing and having a tendency even to spread, were seen ; there existed some of these in the inguinal regions and upon the side of the chest where the principal group was seated.

Before the pupil was inoculated, the pus of these pustules had been inoculated upon the two thighs of the patient himself. This inoculation had given a positive result, a circumstance which, *without a great passion for experimentation, ought to have prevented the inoculation upon a healthy individual.*

This patient had then very certainly a constitutional syphilis, which presented characteristic accidents, and of a nature incontestable. *But were all the accidents in him absolutely of the same nature ?* The constitutional verole, as we know, does not in any way prevent the contraction of new primary accidents, accidents unlimited in their number, and infinitely varied in their seat. In this particular case, the accidents from which the pus had been taken : *ulcers increasing*, covered with crusts, very extensive, in an individual only six weeks under the influence of the syphilitic diathesis, offering in the other regions the regular evolution of secondary accidents of that period, permit me to offer a doubt, which for the student who has undergone the inoculation, is to-day a certainty, viz., that the accidents from which the pus had been taken *were not secondary accidents.*

I did not see the patient who furnished the inoculable pus ; he soon quitted the hospital after this experimentation, and *the pupil interested*

could not find him again. But the importance of this fact, however contestable it may be, has induced us, my honorable colleague M. Puche and myself, to recommence a series of experiments upon the inoculation of the secondary accidents. We have already made twenty experiments, all of which have only afforded us the results formerly obtained, that is to say, *negative results*. The inoculations have been made with the pus of mucous tubercles, of the ecthyma, of rupia, of ulcerated tubercles, of secondary serpiginous ulcerations; never have we obtained anything. Here, upon this subject, are two curious observations which have had as witnesses the numerous students who follow my clinique.

Two patients, lying side by side, ward 1st, Nos. 16 and 17, had, No. 16 a scabby ulceration upon the axillary region, progressing and serpiginous; the other, No. 17, an ulceration upon the posterior and right side of the neck, of from six to eight centimetres in diameter, progressing, healing in the centre and extending itself in circumference; this patient had still upon other regions, isolated rupia, ecthyma confluent, and upon the greatest part of the trunk and of the limbs he had characteristic cicatrices due to pustulo-crustaceous syphilitic eruptions.

These two patients were inoculated upon the thigh. Upon No. 16 the inoculation succeeded; success had been predicted: upon No. 17, we had announced that the inoculation would be *negative—it was negative*. Why? Because that the ulceration of No. 17 was truly secondary; while in the case of No. 16 the scabby ulcerative eruption of the axillary region, which had the aspect of pustular crustaceous eruptions belonging to constitutional syphilis, had been the result itself of an inoculation; and mark how. This patient had at first a scrofulous abscess in the hollow of the arm-pit; this abscess had been opened at the hospital; the dressing of it was difficult for the patient himself; one of his neighbors, affected with a phagedenic chancre of the genital organs, rendered him the service of dressing it, and with his fingers soiled by *the virulent pus of his own chancre*, had inoculated him. Without the very precise etiology of this case, the patient having had himself formerly symptoms of constitutional syphilis, this accident could have been attributed to the diathesis, and have been given as an example of secondary inoculation.

See, then, what care and precautions are necessary in order to avoid error.

Yours, &c.,

RICORD.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 5, 1853.

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*Physicians of the Poor.*—Many people entertain the singular idea that all physicians of the poor, are poor physicians. In other words—they have no qualifications entitling them to higher aspirations or a more elevated practice. It is both ungenerous and shameful to doom a young man



to hopeless dependence, simply because he is ambitious of understanding every phase of his profession by a prompt, sympathizing attendance on the poor. Scores of excellent young physicians in Boston have drudged through years of hard service, with an expectation that the community would in the end appreciate their motives, commend their humanity, and assist in promoting their prosperity; but the city has many disappointed applicants for honest professional industry, and mainly because they were identified with poor patients. Others step at once into fashionable favor, with few of those qualifications which constitute the learned medical adviser, and ride triumphantly through life, without once doubting that they merit all they have. For the reason that young physicians are liable to ungenerous rebuffs, neglect and disappointments, and consequently are late in life before they are known to be any body, every charitable institution requiring a medical attendant should pay for his service. In Boston, especially, so amply are all the leading benevolent societies sustained by the public, that medical officers should be compensated for their attendance. A small sum, equal only to the rent of an office, or equivalent to the purchase of an annual suit of clothes, would be very thankfully received by many a modest and deserving medical beginner; and it is proper that some action should be taken in regard to the subject. Some years since, this Journal advocated a stipend for the dispensary physicians, which was obtained, and a very comfortable little income it is to a person who is earning little or nothing besides. If the junior members of the profession would make it a rule not to accept of these honorary appointments, without compensation enough to purchase at least the shoes worn out in the duties of the place, their prospects would brighten at a much earlier period than otherwise.

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*Water Beds.* — A correspondent writes as follows: — “Occasionally a water bed is needed by the country practitioner. I have lately had such a case, and from the trouble and inconvenience which I realized, I am led to inquire as to the best mode of constructing or obtaining one in the shortest time and at the least possible expense, &c. &c. Will not you, or some of your numerous readers and correspondents, give us the desired information, as to materials, size, cost, &c.?”

When in England, we examined the celebrated water bed invented by Dr. Neill Arnott, Bedford Square, London, which is the simplest, most economical and comfortable of any yet brought to the notice of the public. A mere water-tight box, like a trough, eight feet long, by two and a half wide—two feet in depth, made of inch pine boards, dovetailed, being filled with water, is covered over the top with India-rubber cloth, secured within, to the sides, a few inches below the margin, so that no fluid can escape. On that a rose blanket may be laid, or a wool mattress, and this constitutes the patient's bed—the easiest and most delightful foundation for repose, ever suggested. There may be some trifling peculiarities in respect to preparing the wood, so that it may not absorb the water, by painting, but the main features of Dr. Arnott's water bed are essentially as here described. At the end, a plug probably commands the water, so that it may be drawn off and refilled, but we imagine that process is not necessary once in six months.

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*The Times, Character and Writings of Hippocrates.*—Whatever emanates from the pen of Dr. Elisha Bartlett, bears the strictest scrutiny. He has

the happy tact of saying and writing just enough and no more, on the occasions which call for an exhibition of his power. His is not a boisterous turbulent stream, but a gentle, quiet flow from a clear fountain. Medical writers cannot reach the multitude; but they are always certain of having the cognizance and approbation of a disciplined class of minds whenever their productions are above mediocrity. Dr. Bartlett uses the English language to advantage, for he is always clear, logical and instructive. The work by which he is to hold possession of a niche in the American temple of medicine, is that on fever. A better or more thorough production has never emanated, we apprehend, from the medical press of this country. But to return to the published lecture on the times of Hippocrates, — there is a fascination about it not usually belonging to that class of writings; and when heard in his own voice, the effect upon the audience was no doubt flattering to the talented author. In these introductorys, which are now stereotyped exercises of the colleges, it would be an excellent departure from the stiff, perpendicular form of dissertations on disease, the action of medicine, the duties of physicians, and the like, to present fine specimens of literature—like the one before us, which will be sought with keener relish on account of being a novelty. Those who have a taste for fine writing, elevated sentiments, and mental progress, will find Dr. Bartlett's discourse a delightful entertainment.

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*Spiritual Medium.*—On a former occasion, reference was made to the neatly executed little book published by Gould & Lincoln, called *To Daimonion*, or the Spiritual Medium. Having again looked into it, with every feeling in its favor, it is somewhat mortifying to be obliged to acknowledge that the author is learned beyond ordinary comprehension. Every line and sentence bears the distinct and unmistakable impress of a profound scholar, a deep thinker, and a progressive mind; and yet he will not be appreciated, simply because he cannot be understood. Perhaps the author, Mr. Traverse Oldfield, may be puzzled to know what we mean by all this. With no intention of doing him injustice, we regret that, in the main, the philosophy that pervades the pages of "*To Daimonion*" is above and beyond the reach of the mass of readers who are curious to ascertain what lies at the bottom of this rapping mania. Those disciplined like himself, the doctors of civil law, the grave and solemn men who feed on that kind of intellectual food which is stored up in out-of-the-way niches of university libraries, will feast on this production, for it is indeed strong meat, and by no means suitable, therefore, for babes.

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*Principles of Human Physiology.*—No name to a work on physiology, gives readier currency to it than Dr. Carpenter's. He is in that department what Herschell is in astronomy, Sir David Brewster in natural philosophy, or Mr. Faraday in chemistry—the highest authority. Of course, every medical man who studies at all, is familiar with the Herculean labors of Dr. Carpenter as a voluminous writer, and is aware of the great amount of observation and research he must have performed before commencing authorship. It would be a needless waste of words, therefore, to preface any observation on a new edition of his excellent treatise on Human Physiology, by notifying the medical public, for the hundredth time, who he is or where he resides. Messrs. Blanchard & Lea, of Philadelphia, have brought forth the *fifth American* edition, with three hun-



dred and fourteen illustrations, edited, with additions, by Henry Gurney Smith, M.D., one of the faculty of the Pennsylvania College, whose matter is designated in the volume, wherever introduced, by an enclosure in brackets. Dr. Smith states that upwards of **one** hundred wood engravings have been introduced, through the liberality of the publishers. A preface by the celebrated author himself, in the fourth London edition, transferred to this, gives a complete history of the changes, modifications and improvements which characterize this great volume, which extends to *one thousand and ninety-one royal octavo pages!* In the whole range of the English, French and German languages, this colossal monument of individual scientific and literary enterprise, is without a competitor. It is the last, best and most comprehensive book of physiology, and should be on the table of every medical practitioner in the United States. Medical gentlemen wishing to examine a specimen copy, before ordering the work, can do so by calling at the office of the editor.

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*An Efficacious Expectorant and Sudorific.*—A practitioner in Vermont transmits the following recipe, which claims the consideration of physicians at this particular season.

TO THE EDITOR, &c.—Thinking it the duty of every physician, when he has come across a remedy of *superior* efficacy, to inform the profession of it, I take this opportunity to forward a recipe for your disposal. R. Tinct. lobelia, f3 ss.; tinct. sanguinaria, f3 ij.; ol. mentha viridis, f3 ss.; syrupus empyreumaticus, f3 v.(5). M. Give half a teaspoonfull at bed-time, or one in two hours, until it relieves. The above is of magical efficacy; I have known it used for some eight years; have used it much to my own benefit, given it liberally to my patients, and some of my fellow physicians have used it at my suggestion, much to the advantage of their patients. I use it in catarrhal affections, spasmodic croup, pertussis, asthma, &c.; in fact in all cases where an expectorant and sudorific are indicated. And it always meets my fullest expectations. I also find it very efficacious in subduing mucous inflammations about the *throat* and air passages. I ask of those who have not tried a similar preparation, to try *this*; and I think they will no more use hive-syrup for children, and will find an article which will more than fill the place of the popular nostrum known as Ayer's cherry pectoral.

The properties of these articles (lobelia and sanguinaria) being so combined, the relaxing properties of the one with the stimulating of the other, makes them much more efficacious and innocent in all complaints where either the one or the other has been found advantageous, especially for children.

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*Medical Profession in Prussia.*—A statistical account of the medical profession in Prussia has just been published at Berlin. According to that document, there are at present 287 district physicians, 3,266 practitioners, 962 surgeons of the first class, and 973 of the second class—sum total, 5,488. These figures being put by the side of the amount of population, which was at the last census 16,216,912 souls, will give one physician or surgeon for about 3000 inhabitants. The number of veterinary surgeons is 828, and the apothecaries amount to 1,471.

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*Physicians in Iceland.*—Mad. Pfeiffer, in her "Journey to Iceland," gives the following not very flattering account of the condition and rewards of the

profession in that country. She says:—"Among the salaried offices, the most laborious are those of the physicians and the clergy. Their circuits often embrace a distance of over a hundred miles. When the doctor is sent for in winter, the country people turn out with shovels and pickaxes to clear the road. They bring several horses with them, so that he may change from one exhausted animal to another during his long rides through the fog and darkness, the snowdrifts and storms. Often as he returns to his own fireside, worn out with cold and fatigue, he finds another summons. He must leave his family and face new dangers, before he has had time to relate the perils he has just experienced. The physicians receive but a small salary; the priests still less. The richest benefices produce short of a hundred dollars."—*N. Y. Med. Times.*

*Solution of Gum Shellac in Alcohol.*—Since Professor Dugas's notice of gum shellac in alcoholic solution as a valuable external application to arthritic joints, I suggested it to a patient who has long been a sufferer with chronic rheumatism, and learned that at least four years ago he applied it on the recommendation of a physician, and with great relief for the moment. Finding it to fail after a while, he tried what he termed "*a better coating*" for the joints, which was a fresh egg beaten up with salt and spirits of turpentine. This he found more impermeable than the former, but like it was temporary in the relief it afforded.—*New Orleans Monthly Medical Register.*

*Somnambulists in France.*—A curious decision has lately been made in one of the lower police courts of Paris, with regard to the exercise of the powers of professional somnambulists. Without entering into the question whether any deception had been practised or intended in these cases, the court arrived at the conclusion that the parties were liable to a fine of fifteen francs and five days' imprisonment, besides the payment of costs, for an infringement of the law with respect to divinations and fortune-telling.—*N. Y. Med. Times.*

*Medical Miscellany.*—Smallpox has made its way into western Vermont.—A war has been commenced against pessaries.—What is thought of filling teeth with a solution of gum shellac?—Several new medical works are in progress.—Edwin Lankester, M.D., is the principal editor of the English Quarterly Journal of Microscopic Science.—Sir David Brewster is convinced that pointers standing out at various distances for the purpose of directing lightning to a rod, are useless—as the bolt is never diverted from its course.

*TO CORRESPONDENTS.*—The following papers have been received, and are on file for publication:—Chronic Laryngitis; Case of Strangulated Hernia; Finch's Obstetrical Supporter; and Melanosis in the Horse.

*Deaths in Boston*—for the week ending Saturday noon, Jan. 1st, 1853, 83.—Males, 37—females, 46. Accidental, 1—inflammation of brain, 2—congestion of brain, 1—burn, 1—consumption, 10—convulsions, 3—colic, 1—croup, 7—debility, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 4—puerperal, 1—erysipelas, 2—fever, 3—typhus do., 1—typhoid do., 1—scarlet do., 12—hemorrhage, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 9—disease of the liver, 1—marasmus, 1—measles, 3—neuralgia, 1—old age, 2—teething, 2—inflammation of throat, 1—tumor, 2.

Under 5 years, 42—between 5 and 20 years, 11—between 20 and 40 years, 14—between 40 and 60 years, 8—over 60 years, 8. Americans, 26; foreigners and children of foreigners, 57. The above includes 7 deaths at the City Institutions.



*On the Removal of Foreign Bodies from the Cornea.*—M. Chassaignac was long, in common with most other surgeons, in the habit of endeavoring to extract foreign bodies that had been impacted in the cornea, by means of a cataract needle, during any interval of immovability of the eye that could be seized. This is, however, sometimes both a difficult and dangerous procedure, and this in part from the great mobility of the eye, and in part from the color of the imbedded body. Pieces of metal become rapidly oxidized, and assume a rust color, which is easily distinguished in light or blue eyes, but which so resembles the color of the iris in dark eyes that it becomes a matter of difficulty to bring the point of the needle exactly where it should come. Again, the body may be so minute, that, although capable of producing a keratitis, it is not discernible to the naked eye.

The movability of the eye increases the difficulty; and M. Chassaignac endeavors first to obtain what he calls an *immovability by tolerance*, by touching the ocular surface several times with the back of the needle. There are subjects in whom this education is difficult and tedious; and in very embarrassing cases, chloroform may be had recourse to, with excellent effect. This is, however, not usually proper for so slight an operation; and M. Chassaignac then steadies the eye by means of Lusardi's speculum, and magnifies the size of the object to be removed by a good lens. Upon an emergency, the surgeon may hold both the speculum oculi and the lens in the left hand; but it is preferable, after having fixed the former, to give it to an assistant to hold. The patient kneels down and sits on his heels, and the eye being now steadied, and the exact locality of the foreign body ascertained by the lens, its removal becomes easy.

All persons accustomed to this class of accidents must have been struck with the terrible intensity of the inflammatory symptoms induced by particles so minute, their persistence and aggravation as long as the foreign bodies remain, and their sudden diminution and remarkable benignity from the instant the exciting cause is removed. These cases are advantageously contrasted with inflammations of the cornea from other causes, which so obstinately resist the most active treatment, and never disappear with the like rapidity. The lesson to be drawn from this is, that predisposing causes play the greater, and local or direct causes only the smaller, part in ocular inflammations.—*Gaz. des Hopitaux*, No. 56.

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*New mode of taking Cod-Liver Oil.*—I have read Mr. Selwyn Morris's "New Mode of taking Cod-Liver Oil," and quite agree with his general principle of using a bitter infusion. I have been in the habit of recommending to my patients the use of pale or bitter ale as one of the best vehicles in which to take the oil, be it cod-liver or castor. This description of ale being intensely bitter, and tonic to boot, from the large quantity of hops used in its manufacture, serves the purpose admirably; and another advantage is, that it can be obtained more readily than a quinine mixture or an infusion of quassia; and, moreover, being a stimulant, the stomach is also beneficially excited to retain and digest the fatty oil. As an extempore vehicle, I have frequently used the concentrated infusion of gentian (of course, diluted) with good effect; but when there is time to prepare an infusion, I would certainly give the preference to the quassia. Dr. Graves, of Dublin, advised an infusion of quassia for this purpose.—*Canada Med. Jour.*

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RESPIRATION SUBSERVIENT TO NUTRITION.

[Concluded from page 485.]

RESPIRATION, therefore, does not merely supply a necessary condition of vital action ; it does not merely remove out of the way a pernicious substance ; but it exerts a direct and positive influence of the most important character upon the vital fluid and the living tissues, indispensable to their perfection and vitality, and thus it is a direct, positive source of life and power to the organism.

This view of respiration gives a higher sanction, than has ever yet been given, to some of the most important principles of hygiene and therapeutics, and can hardly fail to give a new impulse to their practical application. It may also shed some light upon certain pathological conditions of the human system.

The value of pure air in connection with the preservation of health is universally acknowledged. Free ventilation, and exercise in the fresh morning air, are abundantly insisted on ; but it has been rather with a view to the removal of deleterious gases, or noxious exhalations, and to obtaining the exhilarating and tonic impression of the fresh cool air upon the nervous system, or from a general and vague impression derived from experience of its beneficial effects, than from any idea of the necessity of a full supply of oxygen to the very *formation* of the nutrient material upon which life and health every moment depend, and to the maintenance of healthy vital energy in all the living tissues. The importance of pure air free from all noxious admixture, and of the healthful tonic influence of the fresh breezes of the morning, of the fields, and of the sea-shore, is not exaggerated. Their value can hardly be overestimated. But if we add to this the fact, that pure air furnishes the very materials out of which life and health are built up, that it has a direct, positive, indispensable part to act in those vital processes, by which they are every moment maintained, then we have something tangible, impressive, directly addressed to the reason, carrying full conviction to the mind, that an abundant supply of pure air is necessary to supply the positive and urgent, and constant demands of the vital organs for oxygen to enable them to maintain a healthy vital action ; that such a supply of pure air is needed, not only in the cool of the morning, on the hill-top, and at the sea-shore, but that everywhere and at every moment



the very wheels of health and life are dependent upon it as the element that supplies the very forces which maintain their movement.

This view of respiration may also shed light upon some important points in pathology. I refer particularly to those scrofulous and cachectic conditions of the system, in which abnormal deposits or malignant growths occur, or in which the reparation of the tissues is retarded or prevented, or their destruction is going on. In addition to the influence of former disease and irregularities, of hereditary tendencies, of unhealthy food, of uncleanness, of exposure to hardships and privations, of inaction and confinement, of mental dejection and passion, &c., the influence of bad air and imperfect ventilation in producing and aggravating these diseased conditions is well known. And if instead of a vague notion of poisonous gases and unhealthy exhalations, and general depression of the vital powers, we are able to substitute the more definite idea of a direct deficiency of an element most essential to the perfect elaboration of the material supplied to the tissues for assimilation, we certainly approach nearer to a comprehension of these pathological phenomena. If we can once but know that a deficiency of pure air renders it impossible for the nutrient fluid to be perfectly prepared for the wants of the system, that on this account it fails to be formed into a perfectly plastic material, then, in this cacoplastic substance offered to the tissues for assimilation, we see one important cause of those abnormal deposits which not only prove insufficient for the purposes of the vital economy, but are often so destructive to its health and life. Here the value of pure air for respiration to all who would avoid or check such diseased tendencies in the system appears in a new and striking light, placing before all such persons a most powerful and urgent motive to secure for themselves constantly a good and abundant supply of this indispensable element of perfect nutrition.

But above all, this view of the function of respiration shows in a new and clearer light, how indispensable to the physician, as a means of cure, is a constant supply of pure air to his patient. It even suggests the inquiry whether the inhalation of a more highly oxygenated air may not be of great service in some cases. It is not improbable that, since the inhalation of ether has exerted so potent an influence, and has proved such an inestimable blessing to suffering humanity, the virtues of other gases applied in the same way to the respiratory organs may also be tested. Dr. Beddoes's inhalations of vital air, which many years ago were represented as rendering such effectual aid in the cure of certain diseases, may now be repeated with the most valuable results.

But however this may be, the value of pure air to the sick as well as to the healthy, will not be denied. Indeed, it is to some extent insisted on, though there is reason to fear that it is less regarded in the private chamber of sickness than in public institutions. In our Hospital\* its importance is acknowledged; the valuable results are clearly seen. It is probably as much owing to the good ventilation of this institution as to any other cause, that the type of disease generally exhibits such a decided improvement immediately after the admission of the patient.

That such must necessarily be the result, from the very nature of the

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\* Mass. General Hospital, Boston.

case, is evident, when we consider the important office assigned to respiration in the vital economy. If diseases are to a great extent self-limited ; if there are few specifics in medicine ; if we cannot drive the elements of disease from the system, by our drugs ; if we must rely mainly upon the vital powers themselves as exerted in the various organic functions ; if by promoting the free, healthy, unobstructed exercise of these functions in all cases we can best aid nature in her work of the restoration of health ; if a constant supply of perfectly elaborated nutrient material is necessary to maintain those vital processes by which she does this great work ; then it is indispensably necessary that the agent which God has provided to perfect this elaboration of the blood, should be constantly supplied to the patient in free, full draughts of the pure air of heaven. It is especially wrong to withhold from nature full supplies of force and natural stimulus in the very hour of her necessity, when all her powers are tasked to the utmost in the struggle to throw off disease. The evil effects of such privation are as natural as they are obvious, and the happy results witnessed at our hospital, when this vital element in its purity is readmitted to the lungs of the sick man, are in strict accordance with the laws of life.

The paramount importance of pure air in sickness as well as in health might be inferred from its universal diffusion. The most valuable gifts of God to man are the most common, though, too often, least highly prized. Iron is of more value than gold ; coal is worth more than diamonds ; and the dirty despised soil of our fields and pastures is worth more to man than all the produce of the mines. Wheat is of more value to us than the most rare and luscious fruits ; water has virtues far surpassing those of the choicest wines. But more precious still is the pure ethereal element, and being so, it is more lavishly bestowed by the bounty of providence than all the rest. Everything else, even water itself, though placed within our reach, can be obtained only by exertion on our part ; but this is poured out upon us, and made to flow all around us, and within us, by the hand of God himself without any effort of our own. In it we live, and move, and have our being. Everything else we can dispense with for minutes, for hours, even for days, but this we must have every moment or we die.

In such infinite profusion of this great gift to humanity, and in its importance to our very existence, there is a deep significance. Here is a lesson, not for the moralist alone, but for the physician—a lesson which he should make haste to learn, fraught as it is with instruction from the lips of infinite wisdom. The Creator of the human frame having thus shown us his estimate of the comparative value of this great agent in maintaining those vital functions by which the life and health of the organs are preserved or restored, we should make full and free use of what he has thus revealed to us as nature's grand restorative.

In speaking thus strongly of the supreme importance of this agent as a means of cure, I would not be understood to undervalue other remedial agents. On the contrary, I would place a higher estimate upon the ordinary medicinal agents than is now generally accorded to them. In this city, at least, it seems to me that the pendulum of professional opi-



nion is swinging to the extreme of too little confidence in the power of medicines. Many of those agents which we draw from the animal, the vegetable and the mineral kingdoms, have great power over the functions upon which life and health depend, stimulating, moderating, sustaining, invigorating, modifying, and even altering them, to a very remarkable degree. Some of them seem to have even a specific control of certain diseases. It is not that I prize these less, but that I value pure air more. Yet some, even of our best physicians, seem practically to overlook its importance. They are too often satisfied with a correct diagnosis, and a judicious prescription, leaving the patient to struggle on in the confined air of his chamber at the discretion of his nurse, or with a passing remark that "it would be well to have more air;" not insisting upon this latter as an all-important thing that must not be neglected, but must be fully and faithfully attended to. I would not object to the most heroic remedies when they are indicated. In certain cases the physician should be a very knight-errant of medical chivalry. Yet even in such cases, nature's indications with regard to pure air would never be forgotten.

But especially in those more protracted struggles of nature with her enemies, when her powers fail, when she is languishing and exhausted, should the physician secure the full and unceasing action of that great agent, which divine Wisdom has prescribed and which the divine Hand itself administers. Too often, when the exhausted powers of the system cry out to the physician for that wholesome aliment which can furnish sustenance to their wasting energies, he gives them that which can afford them no nutriment; when they ask for bread to minister to their nutrition, he gives them a stone to oppress them. Too often, when they beseech of him to allow free access to that living, life-giving element upon which their vitality depends, he offers them only some pain-giving, poisonous, blistering agent; when they "ask for an egg he gives them a scorpion." But the physician should always freely give the pure breath of heaven to struggling nature when she pants for it. At no time should its value to the sick man be forgotten; at no time should it be left to the carelessness of the nurse, or the foolish prejudices of friends. The physician should feel the weight of this responsibility as resting upon himself, and see to it that this chief of all the restorative agents of nature is faithfully employed. And at those times, when languid and exhausted nature more especially needs its aid, to strengthen and quicken her for a more successful struggle, should he insist, with an energy that will command obedience, that it have free access to his patient fresh from its native skies.

In nature's great extremities, when her powers flag in the swoon, or ebb away at the approach of death, we instinctively throw open the door or window, or carry the sufferer to the open air that he may feel its reviving influence. Here unerring instinct teaches, when reason fails. Why not do the same when the powers are more slowly flagging, and life is more slowly ebbing away in the sick-room, perhaps from the very need of this refreshing and vivifying influence. How often is pure air, in connection with wholesome food, proper exercise, and cold water, and before them all, the sheet anchor of expiring hope. What

means shall we, in such cases, resort to, to supply, to invigorate, to preserve life in the still living body? This living, life-giving element, rightly called vital air, can alone give life to the living blood and the living tissues,

“Leben dem leben  
Gibt er allein.”

In no way, therefore, can the good physician do more to restore the sick to health again, especially in many of those cases which call for all the resources of his art, in no way can he confer a greater blessing upon his patient, than by seeing that this and the kindred duties of the nurse are faithfully attended to; by securing for his prostrated system the full influence of that great restorative which his Maker himself has provided for its necessities in such abundance; by calling down the fresh breezes of heaven to fan his brow, to play around his mouth, to reach the very citadel of life, carrying with them all their invigorating, and life-giving power.

BOND'S SPLINT FOR FRACTURES OF CARPAL EXTREMITY OF  
THE RADIUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—While in Philadelphia, a few weeks since, I was greatly interested in the examination of a new and ingenious splint for fractures of the lower end of the radius, the recent invention of my respected friend Dr. Henry Bond, of that city. Although this important addition in practical surgery has been favorably noticed in many American and English journals, and has been translated into the German language, while its advantages have been tested in the hospitals both here and abroad, to my surprise I have seen no detailed record of it in New England, the place, of all others, to experience its benefits. It is here that during the winter season fractures of the radius near its carpal extremity are more frequent, perhaps, than anywhere else. These fractures are especially vexatious to the surgeon, and tedious to the patient. Moreover, I believe the profession in New England will attest to the fact that more instances of incomplete union and deformity have occurred amongst us from this particular fracture, than from almost any other. Impressed, then, with the efficacy of this simple and beautiful contrivance to remedy an evil so serious and frequent in our community, I would call the earnest attention of the profession to it. I send you for examination the apparatus in question, together with some extracts from the original paper describing it, read by Dr. Bond before the College of Physicians of Philadelphia, at their stated meeting on the 2d of Dec. last, with the hope that it may lead to the speedy adoption of this splint in our hospital and private practice.

Very truly yours,

J. B. U.

31 Chestnut street, Boston, Dec., 1852.

Says Dr. Bond, in the paper under consideration:—

“According to the statistics of M. Goyraud, these constitute one third of the whole number of fractures. Dupuytren assigns to them, if



not always the first, at least the second or third rank in point of frequency. Vidal declares that the fracture of the radius is certainly more frequent than that of any other bone. According to the reports of cases in the Hôtel Dieu, Paris, for four years, they constituted one tenth of all the fractures.

"The number of fractures treated in the Pennsylvania Hospital, from 1751 to 1800, was 197, of which 34 were of the arm, which is about 17 per cent, or a little more than one sixth. From 1800 to 1829, 868 fractures, of which 200 were of the arm, which is about 23 per cent. From 1830 to 1839 (ten years), 946 fractures (exclusive of a few cases of ununited fractures, where the part affected is not specified), of which 250 were fractures of the arm, which is more than 26 per cent. [See Amer. Jour. Med. Sciences, XXIII., 260 ; I. New Series, p. 324.] The statistics of the Pennsylvania Hospital do not furnish the desired information on this subject ; for they only report the fractures of the arm, without even discriminating between the arm and the fore-arm. It is probable, however, that at least one eighth, if not one sixth, of the whole number were fractures of the radius.

"As to the success attending the treatment of fractures of the radius," continues Dr. B., "I have met with no statistical reports entitled to consideration, and I think we shall in vain search journals, hospital reports, monographs, and systematic works, for an accurate report of a series of such cases. There is good reason for this ; for, as I believe, few or no practitioners could render such a report, if made with minute fidelity, as would be flattering to their skill, or speak well for the perfection of our art. According to my observation, there is no fracture, except the neck of the thigh bone, where there is so often a failure to accomplish a perfect cure, as that of the lower end of the radius."

"To show that I am not dealing in exaggerations, or offering opinions unsustained by the observations of others, I cite two very good American authorities. Dr. Peirson, in the work already referred to, says, 'Notwithstanding the greatest care in the adjustment and treatment of fractures of the fore-arm, many instances of deformity will occur. Our pathological museums present an immense variety of irregular consolidations of the radius and ulna, which must have seriously interfered, during life, with their appropriate functions.' In a very valuable paper of Dr. J. Rhea Barton, published in the Medical Examiner for 1840, he says, 'I do not know any subject on which I have been more frequently consulted than on deformities, rigid joints, inflexible fingers, loss of the pronating and supinating motions, and neuralgic complaints, resulting from injuries of the wrist and the carpal extremity of the fore-arm ; one or more of these evils having been left, not merely as a temporary inconvenience, but a permanent consequence.'

"I propose to examine the mode of treating these fractures, as now commonly practised in our hospitals, and as taught by the most recent American and English authors.

"It is unnecessary to state in detail to the members of this College what this practice is. I may briefly say that it consists in the use of two long straight splints, with compresses or cushions, and bandages.

The palmar splint extends from the elbow down to the extremities of the fingers. Some, however, do not allow this to extend below the second joints of the fingers. The dorsal splint extends sometimes only to the extremity of the metacarpe. When this dressing is applied, the longitudinal access of the fore-arm will be continuous or parallel with that of the hand.

“There are several objections to this mode of dressing the fracture, which I will attempt to point out. In the first place, it violates what ought to be regarded as a surgical canon in the treatment of fractures, viz., to adopt such a position as will put all the muscles, acting on the part, as much in repose, as free from tension, as possible; so that the least counteracting force will be required. 2d. The constrained position of the hand demands tighter bandaging, in order to prevent derangement of the fragments by paralyzing or subduing the muscles that are rendered tense by the position assumed. 3d. This constrained position and tight bandaging greatly increase the danger of that protracted or permanent rigidity of the hand and fingers which is a too frequent result of these injuries. 4th. This mode of dressing, by long, straight splints, not only increases the danger that it will result in rigidity, but that, when it does occur, the hand will be left unsightly, inconvenient, or useless. 5th. There is another objection to it, which will be regarded by the surgeon as of more or less importance, according as he is actuated more or less by the feelings of humanity. I refer to the distress or discomfort which must result from a constrained position and the force applied to maintain it.

“The muscles that act on the hand are least tense, or most in repose, when the hand is inclined backwards, so that the metacarpe forms a considerable angle with the fore-arm, when it is also inclined inwards towards the ulnar side of the arm, and when the fingers are moderately flexed. In this case it will be perceived that the longitudinal axis of the fore-arm, if prolonged, would not correspond with that of the hand, but would pass through, or very near, the point, where the thumb and index finger most easily and naturally meet. Thus in the innumerable manipulations with the thumb and fingers (as with a pen, pencil, button, needle, money, &c. &c.), their points most easily and naturally meet in this axis of the fore-arm. This will be found to be the position of the hand, when it hangs by the side with all the muscles relaxed.

“This consideration is of little comparative importance in the case of young persons, and of those who have followed no laborious handicraft; but to persons advanced in life, and to those whose muscles and joints have become rigid by hard labor, and to whom the hand is the means of subsistence, it is a point of very material importance. A large portion of these fractures occur among such patients. When such a hand is firmly swathed by a roller upon the long, straight, palmar splint, it is forced into a constrained position, and some of the muscles, acting on the fragments, are put into extreme tension. This condition of the muscles must act strongly on the fragments of the radius, and must tend strongly to derange them, especially when the fracture is oblique.



“To counteract this tendency to displacement of the fragments on account of the tense condition of the muscles, the bandage with the compresses must be applied so tightly as greatly to increase the risk of that frequent ill-success so well described by Dr. Barton.

“When the hand is placed in the position above described, so as to take off tension from all the muscles, there will be so little tendency to displacement of the fragments, that a very gentle pressure of compresses and bandages will be adequate to maintain them in their proper relation to each other. The dressing may be removed earlier, so as to give motion to the hand and fingers, without danger of producing derangement of the fragments, and the gentle pressure of the dressing will be less likely to deprive the tendons and sheaths of their lubricity, and thus to cause permanent adhesions.

“The importance of the position of the hand in the treatment of fractures of the radius has been fully recognized for a long time by eminent surgeons. In these cases, Mr. Cline did not allow the splints or the sling to extend below the wrist. His object was to let the hand, by its own weight, and without any impediment, incline towards the ulnar edge of the fore-arm; and, while the ulna acted as a counter-extending force, this inclination of the hand would prevent the fragments from overriding or overlapping each other, and make it very easy to keep them in apposition. He understood well the mechanism of this accident. When the radius alone is broken, the ulna affords all requisite counter-extension; and in proportion as the hand is inclined towards the ulna, will the lower fragments be drawn down, so that there will be hardly a chance for one fragment to overlap the other; certainly there will be little difficulty in keeping the fragments in apposition with very gentle means. But Mr. Cline’s method of dressing, in order to accomplish the indication, was too indeterminate; he could not depend upon maintaining steadily the same degree of inclination of the hand, and one might suppose that there would be danger of producing artificial joints. Nevertheless, I am persuaded that, with Mr. Cline’s method of treatment with short splints, there would be fewer cases terminating in deformity and loss of the use of the hand, than when the arm and hand are tightly swathed in long straight splints.

“I have attempted to devise a mode of dressing these fractures, having reference to the principles advanced in this paper, and that will meet the following indications:—

“1. To maintain such an inclination of the hand upon the fore-arm as shall most effectually relieve the muscles from tension, or put them in repose.

“2. To maintain the hand and fingers in a position that, if rigidity should result, the member shall be as little an incumbrance, and retain as many of its uses as possible.

“3. To make it easy of application, requiring no extraordinary skill or dexterity, and little liable to be deranged or displaced.

“4. To make the dressing easy and comfortable to the patient, while it does not lack efficiency.

“My own experience of its use, within the last three years, convinces

me that I have to some extent accomplished these indications. How far this shall be corroborated by others can be known only when others shall have had time, opportunity and disposition to test it.

"To enable others to test the principles herein maintained, in the mode of treating these fractures, I offer the following directions for preparing the dressing, with some explanations as to its application."

[The directions given by Dr. Bond for using the splint referred to, a specimen of which may be seen at the office of this Journal, we shall endeavor to find room for in another number.—ED.]

#### CHRONIC LARYNGITIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The subject of this communication was a middle-aged lady, of strumous habit, who had been afflicted with dyspepsia and palpitations fourteen years, and with stricture of the œsophagus or at least with dysphagia ten years, during which period she swallowed only liquids or comminuted solids, and yet the occurrences of choking were frequent and alarming. Nearly a year since, she contracted, as she thought, a severe cold, which was attended with soreness in the throat and with hoarseness, and, at times, aphonia, which conditions have since continued without amendment. At the time of my first interview with the patient she was so feeble as to be unable to rise without assistance. There were several large glandular swellings upon either side of the neck, and when she swallowed there was acute pain in both ears. Her breathing was excessively difficult, the inspirations being long, stridulous and convulsive. Her countenance was sharp, pallid, and expressive of deep distress. She could not sleep; she and her friends asserted that she had not slept during an interval of four days. There was but slight cough, but there was a free secretion of mucus mingled with purulent matter. The epiglottis was distinctly visible; it was red, contracted and distorted, but no inspection could be had beyond it; no doubt, however, could be entertained that the disease, whatever might be its character, existed in the laryngeal cavity, and that it was unnecessary to pursue the pathological inquiry, inasmuch as she was in imminent danger of suffocation. The extremity of her distress suggested but one remedy, and the immediate application of that; I therefore gave my patient chloroform, and then carefully opening the upper rings of the trachea inserted a double Borgelat canula into the aperture. Its introduction caused violent convulsive cough and expulsion of bloody mucus, but this continued for a brief period only—then she breathed with unlimited freedom. The transition from suffocation to unspeakable relief was, I doubt, never more apparent. Her features settled directly into the placid stillness of death, which could not itself produce a change more remarkable or yet more sudden.

The benefits accruing from this measure were subsequently very manifest as far as respiration was concerned; she ever after breathed freely. The dysphagia, however, steadily increased, while the amount



of nutrition diminished in a corresponding ratio, until it ceased altogether. During the last eighteen days of her life she had lost the power of swallowing. She was therefore emaciated to the last degree, was partially delirious from insufficient sustenance, and she died at the expiration of the fourteenth week from the operation.

An examination revealed extensive ulceration and destruction of the larynx. The epiglottis was partially destroyed; the arytenoid cartilages and ligaments, in fact every distinct landmark of organization above the cricoid cartilage was totally destroyed; so that there was no trace whatever of the rima glottidis or chordæ vocales, and the boundaries separating the cavities of the larynx and trachea were wholly obliterated. The entire surface of the larynx was in a state of ulceration, and was studded with profuse vegetative growths or interstitial depositions. Small bony particles existed in the region of the cricoid cartilage, and one of the horns of the thyroid cartilage which was denuded was seen to be ossified. The anterior walls of the pharynx were destroyed, consequently this cavity and that of the larynx were united, and during the latter days of the patient's life the fluids she attempted to drink passed directly into the trachea and were regurgitated through the canula. The upper portion of the œsophagus was also ulcerated and its orifice very much contracted. The glandular swellings upon the neck were in a state of suppuration. The lungs were reduced to a mere handful, but there were no indications of softening; they were evidently in a condition of miliary tubercle.

JAMES DEANE.

*Greenfield, Dec. 20, 1852.*

## MEDICA SACRA—EMBALMING OF THE DEAD.

BY DR. THEOPH. RUBINSOHN.

[Continued from page 409.]

BUT if the body be preserved, the soul which dwelt in it during its life time, remains with it even after its death, and is freed from the penalty of transmigrating into the body of some beast. This notion of transmigration of the soul into animals, gave rise to the idea that the body should be preserved in its natural form; hence, also, the commiseration towards animals, because they were thought to be the owners of human souls, and hence, also, the custom of embalming the dead.

Herodotus describes the following methods of embalming. When one died, the persons who were engaged in the business of embalming exhibited to the relatives of the dead various patterns of wood, which were painted as a dead, embalmed corpse. One pattern was of the finest workmanship, and was called Osiris, a name which one was not permitted to pronounce; the second pattern they exhibited was not so fine nor so expensive; the third pattern was the cheapest. From these three patterns one was selected, and the parties made the bargain. The most expensive embalming cost one talent of silver, about \$1000; the second, \$300; and the third was considerably cheaper. The method of embalming was thus:—First they extracted the brain through the

nostrils with a hook, and filled the head with spices and groceries (*pharmaka*). The holy scribe (*hierogrammateos*) then made the sign upon the corpse where the cut for opening it should be made, which the "parachistes" executed by means of the Æthiopian stone, and escaped immediately, as the people threw stones after him, because they considered him who cuts a corpse to be worthy of their indignation and hatred. They then extracted the entrails (yet this was not a general practice), purged the abdomen with a kind of wine prepared from dates, filled it with spices bruised in water, put into it also myrrh, and the cut was sown together by means of a needle and thread. The corpse was then laid into nitrum (*nitron* or *litron*) where it remained for the space of seventy days. When these days were gone, the body was washed and swaddled in fine linen (*byssus*), dipped in gum. The relatives then took the body and deposited it in a coffin that was made in the figure of a man, and placed it in an upright position against the wall of a room appointed for that exclusive purpose.

The swaddling of the mummies was in the following manner—all mummies seeming to have been swaddled alike; the only difference was in the number of the cloths and their quality. The body is first dressed in a long shirt, which is tied on the back at the neck. The head is covered with a square napkin of fine materials, which covers also the face as with a mask. Frequently the face was covered with five or six such napkins, of which the first was painted, and represented the countenance of the embalmed body. Every part of the body was tied in separate cloths immersed in a kind of resin. The legs were tied together, the arms crossed on the chest and swaddled in long cloths which surrounded the whole body. The last cloths were painted with hieroglyphic figures, and fastened with long and symmetrically-crossing ribbons, which finished the swaddling. The mummy was then put into a sarcophagus, which had the form of a human figure. Wealthy persons used three coffins, one within another, the outer more sumptuous than the first ones. Kings were put into colossal sarcophagi of oriental granite, and hidden in the catacombs. The more humble classes embalmed their dead relatives in a less expensive manner.

In some mummies objects are found which seem to have reference to the business in which they were engaged during life. Maillet found in one mummy, strings of a musical instrument, from which he infers that the embalmed body was either a musician or a musical-instrument maker.

From what we have said, it is clear that the Egyptians manifested a great aversion against the opening of the dead, since they threw stones after the parachistes who cut the body for the sake of embalming it. They had, therefore, no opportunity of examining the entire structure of the human body, the position and connection of its individual parts in its regular or abnormal condition. The method of opening the corpse was crude, so that science could not profit from it; the brain was extracted through the nostrils with a bent hook! There are also many historical testimonies of the ignorance of the Egyptians in the elementary sciences of anatomy and physiology. They generally believed that the heart annually increased to the thirtieth year, and then decreased



in weight as much as it formerly increased, which was the natural consequence of death. It was also believed, that a nerve is extended from the fourth finger of the left hand to the heart, wherefore the religious custom was introduced to dip this finger in the wine at sacrifices. Manetho informs us that a certain king, Athollis or Athosthas, wrote anatomical books ; but he lived, if at all, in the fabulous times, and some historians believe him to have been the Egyptian Hermes. Plinius, indeed, thinks that the Egyptian kings commanded that the dead should be opened, in order that the causes of death should be known ; but it is probable that he refers to the Ptolemæan dynasty, in whose time the science of anatomy took its rise. The account of Plutarch, that the Egyptians used to place a "*skeletos*" in the rooms where they feasted, that the invited guests should remember that they will also die, should be understood in a figurative, not literal sense. Herodotus, who was an eye witness, says that it was a wooden image of a corpse that was placed in the dining saloon, to which the guests were shown, with the words—"Look at this, drink and be merry, for after your death you will be like this." Do not the words of the prophet Isaiah (xxii., 13) "Let us eat and drink, for to-morrow we die," refer to the same Egyptian custom ?

#### OPERATIVE SURGERY ILLUSTRATED, BY R. U. PIPER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MANY months since, the announcement was made in the Boston Medical and Surgical Journal, that a volume on operative surgery was soon to issue from the Boston press, which promised to be one of much value. As there are already so many standard works on the subject, and some, too, of the highest excellence, it was felt that a new one must possess uncommon merits and entirely new features in order to secure attention, and that the author must possess much confidence to justify the undertaking. We have accordingly waited and watched for the completion of this book, and for further notice of its character.

The *secular press* has advertised it as ready for sale, and has spoken of it in terms of much praise. The medical journals of New Hampshire, Buffalo, and Ohio, have given to it special notices, and have bestowed very flattering commendations, and urge it strenuously on the consideration and patronage of the medical profession. Why we should wait so long and go so far for testimonials of the work, is accounted for only, perhaps, by the fact that "A prophet is not without honor, save in his own country."

It is so seldom that works on either medicine or surgery issue from the Boston press, that the greater interest is produced when one does appear ; and this interest is increased, too, by the fact that those which it has published have so uniformly proved works of standard merit. The volume under review, will do no discredit to this well-deserved reputation. Dr. Piper has presented us with a vast amount of information, in a form both "*available and cheap*," and in a shape most convenient for frequent and easy reference. Its title-page reads thus—"Ope-

rative Surgery Illustrated, containing more than *nineteen hundred* engravings, including *two hundred original* and fifty colored engravings; with explanatory text. By R. U. Piper, M.D. Also a chapter upon the use of ether in surgery, from the Transactions of the American Medical Association; written at the request of a surgical committee of that body, by Henry J. Bigelow, M.D., Professor of Surgery in the Medical School of Harvard University."

The book is a duodecimo, got up in the English style, on paper of extra fineness, and in the typographical execution is all that can be desired. It is designed for durability, and will never wear out. The plates are engraved on stone, but appear as if done on steel. They are withal the work of his own hands, and exhibit alike his artistic and professional skill. They owe much of their value to Dr. Piper's ability to make his own drawings. They are less elaborate and less *expensive* than copper-plate representations, but for *distinctness* and *accuracy* they are excellent. The whole range of surgery has been explored and the best authors have been laid under contribution to enrich the plates. Every department of and almost every conceivable case in surgery are represented. Ligature of arteries, application of bandages, removal of tumors, dislocations, fractures, amputations, &c. &c., are fully represented, also a great number of *special operations* are here for the first time delineated. With *nineteen hundred* engravings, it will be understood readily what variety and fulness could be combined.

The text is generally but a description of the plates, corresponding with the general design of the work, which is merely on *operative surgery*. The surgeon has only to turn to its pages to find ocular representations of any operation which he may need to perform. And for those residing in the country, whose libraries are necessarily small, Dr. Piper's book will be of great value, combining as it does the essential parts of many voluminous and more expensive works. To the young or inexperienced practitioner it will furnish concise information which he will often most need, and in case of sudden emergency will be a safe substitute for the advice and counsel of the more experienced. It is then the isolated physicians, those so often thrown on their individual and unaided resources, that the book will most benefit, and if we do not mistake it will not be long before another edition will be demanded. It will be gratifying, too, to the medical profession to know that a work on surgical anatomy is in a state of preparation by the same author.

The closing chapter on anæsthetic agents, by Professor Bigelow, their mode of exhibition and physiological effects, is one of much practical value; being concise and furnishing just that information needed to guide in the choice and administration of anæsthetic agents and in the management of the untoward symptoms which sometimes occur from their use.

A. CHAPIN.

Winchester, Mass., Dec., 1852.



## FINCH'S OBSTETRICAL SUPPORTER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In your yesterday's Journal, under the Editorial head, and prefaced with a request that the queries be answered, I notice certain interrogatories respecting the practical utility of the instrument named above, answers to which are requested from disinterested practitioners.

As I am, in my own estimation at least, *one who knows*, and certainly *disinterested*, I will, with your leave, reply to your correspondent.

In your Journal for the 3d of November of the present year, may be found a slight description of the application and uses of this apparatus, which I wrote at your request; and since I have told your *anxious inquirer* that I have no interest in the *sale* of it, he *may* feel disposed to turn to the 297th page of the Journal and read for himself. I have now made use of the supporter for nearly three years, and find it to possess all the value and utility, and far more, that was represented when I purchased. Yet I would sincerely advise him who comes forth in the public journals and accuses the proprietor and vender, as well as your correspondent, with stating for facts, what "exists solely in the imagination," by all means *not* to purchase the supporter. If *he* does not possess sufficient knowledge of obstetrical practice to be able to perceive the applicability of this instrument, and to discriminate when, and in what cases, it would be of use, without relying upon the statements of those who either sell or use it—it certainly will be of no "practical utility" in his case.

In regard to the proprietor, and his method of bringing the instrument into notice, I have nothing to reply, as I suppose him to be fully able to justify himself. But I feel in justice bound to state that I have no knowledge of his feelings and wishes in regard to this matter—that I wrote the article on page 297, and am now writing this, without his knowledge—in short, that I have no acquaintance with him, except what resulted from a short visit at the time I purchased my supporter—but that I believe him utterly incapable of resorting to any improper mode of attracting attention to his apparatus.

What he who hides himself behind his fancied name of "Many Readers" refers to, when he speaks of *advertising*, I do not understand. I am now receiving regularly *nineteen* different journals devoted to the subject of medicine and the collateral sciences, published in the northern and middle States, and thus far I have never seen the supporter *advertised* in one of them; and although I carefully examine each No. of these journals, I do not now recollect that it has been noticed in the columns of but one besides the Boston Medical and Surgical Journal, and that incidentally.

If your correspondent will write to me, or to the Journal, giving his true name, I will gladly answer any inquiries he may make; either directly to him, or through your pages; but I do not feel disposed to pass by cowardly inuendoes and accusations of falsehood without some notice.

Respectfully yours, C. H. CLEAVELAND, M.D.

Waterbury, Vt., Dec. 30, 1852.

## THE KOUSSO OR BRAYERA ANTHELMINTICA.

[Communicated for the Boston Medi. and Surgienl Journal.]

THE following article on this celebrated anthelmintic is condensed principally from one in the *American Journal of Pharmacy*, for Oct., 1850.

Koussou is found in Abyssinia, where it has been long used as an anthelmintic. Bruce mentions it in his travels, and asserts that the Abyssinians "evacuate once a month a large quantity of worms." Dr. Bruyer, a French physician, resided a considerable time at Constantinople, and witnessed the valuable anthelmintic properties of the koussou, and himself cheerfully employed the remedy. The medicinal flowers are obtained from a tree which grows to about twenty feet in height, and which is found only on the highlands of Abyssinia, requiring an elevation of 6 to 7000 feet for its growth. They have an aromatic odor, which has been compared to the combined odors of tea, hops and senna leaves, and are of a greenish yellow tinge.

The enormous price at which koussou has been sold, and the very limited quantity which has made its appearance in the European markets, have led to its extensive adulteration. It is said that the powder of pomegranate bark has been sold for the genuine article in France. The only security, therefore, for the genuineness of koussou is to purchase only the flowers and powder them when wanted.

All modern travellers in Abyssinia are agreed as to the great success of this remedy in the natives of the country; and the experience of physicians in France, England, Germany and Switzerland, confirms the reports made by those who have seen the koussou used in its native country.

It sometimes excites a slight sensation of heat, nausea or even vomiting, creates thirst, and frequently, perhaps usually, a gentle action in the bowels. But the latter is commonly so slight that in a considerable number of cases it is necessary to follow its administration by a mild purgative. This appears to be the general testimony to the effects of the koussou; but Dr. Chabert says, in this *Journal* (May 5th, 1852), that three doses of ʒj. each produced on a patient of his, a powerful catharsis and evacuated a tape-worm almost entire, including the head. He says—"My object in giving koussou was, that as it is both cathartic and anthelmintic and very rapid in its cathartic powers, I judged it would expel the worm entire, as was the result." The doctor, however, employed other remedies in the same case, previous to giving the koussou, as he says that he had tried the koussou alone in some cases, but without success; but it admits of a doubt, from what has been said above of the adulterations practised in Europe, if he obtained the genuine and unadulterated koussou.

Dr. Wm. Wood gives an account in the *London Lancet* (see this *Journal*, March 19th, 1851), of a man confined in the Bethlehem Hospital on account of insanity, who became completely restored to his health and reason, after a tape-worm had been discharged by the administration of koussou.

Hitherto the great drawback to the use of koussou, has been its enor-



mous cost. M. de Hencourt has sold it at a guinea per ounce, and he was said to be the fortunate holder of 1400 pounds, which at the above rate would produce him \$112,000. The very moderate price at which it is now offered in the state in which it was imported from its native country, by Messrs. Brown & Price of Salem (see advertisement), brings it within the means of all who are disposed to give it a trial.

*Administration.*—The dose for an adult varies from four to six drachms. In general half an ounce may be considered a dose for an adult. For children from 7 to 12 years, 160 grains; from 3 to 7 years, 120 grains; not exceeding 3 years, 60 grains. It should be taken in the morning fasting, and the last meal of the evening previous should be a slight one. The evacuation of the bowels, by a mild purgative or a clyster, is desirable. The powdered flowers are to be mixed with (for an adult) about ten ounces of lukewarm water, and allowed to infuse for about a quarter of an hour. A little lemon juice is then to be swallowed, and the infusion being stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon juice. To promote the operation, tea (with sugar or milk) may be taken. A dose of castor oil or a saline purgative should be administered in three or four hours if the remedy has not operated.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1853.

*Dr. Allen's Lecture at the Medical School of Michigan.*—For the clear understanding of readers, it is proper to give the following condensed history of the Medical School of Michigan, before commenting upon the introductory discourse of one of its faculty.

“The origin of the Michigan University endowment dates as far back as March 26, 1804, when Congress reserved a township of land, in the Detroit land district, for the purposes of a University. May 20th, 1826, another township was reserved, in addition, for the same purpose. On the 23d June, 1836, the act of full conveyance to the State authorities became a law. During the same year (1836), the organic law of the State provided for the organization of the several departments of the University—that of Medicine and Surgery inclusive—upon a *free* basis.

“The lands donated to the State were carefully selected by competent commissioners, and have proved among the most valuable and saleable in the State, so that sufficient funds were speedily realized to erect commodious buildings, purchase a suitable library and apparatus, and provide instructors.

“The College of Arts and Sciences went into full operation in 1841, and has since been constantly engaged in the discharge of its important trust.

“The College of Medicine and Surgery was organized in 1849. The Class of the Session of 1849–50, numbered 91. That of the Session of 1850–1, numbered 157. The present year, thus far, the number in atten-

dance considerably exceeds that of the previous year, and new students are constantly arriving.

"The Annual Session commences on the first Wednesday in October, and closes the third Wednesday in April ensuing. Four lectures and recitations are conducted daily, except upon Saturdays, which latter are devoted to the hearing and criticism of theses. Thus the total number of lectures are seen to vary from 540 to 560 in each Session. This, however, is not the place for particulars."

As no person in his senses pretends to doubt the growing wealth and political importance of the western States, the stability and character of the medical institution of the Michigan University is pretty certain, especially as physicians and surgeons are to be educated in it without a fee. People will take gems when they are given without price, and who would refuse a professional education when offered for nothing? It has been one of the great embarrassments of many distinguished men in the United States, that they were poor, and therefore compelled to struggle through years of hardships for an education. Hereafter, at the west, they can simply ask and receive.

Dr. Allen in his address starts off with the old proposition—"all that a man hath will he give for his life." The lecture was exceedingly well liked, as appears by the fact that it has actually reached a second edition—an unparalleled circumstance in the history of professional performances of that description. A main feature in this popular discourse consists in a narrative of the origin of the institution, part of which we have quoted above. It is therefore an excellent circular to send abroad, because it answers questions and solves queries that very naturally arise in the minds of students as to the prospects and privileges of the school. There are some sentiments towards the close, indicative of the philosopher in the author, and much to be admired. Dr. Allen is a good writer. The literature of the lecture is rather more prominent than its science, and perhaps it was so designed by Dr. Allen. There is also some spirit in it. Any thing in the shape of an essay, that will keep an editor awake at half past eleven at night, may safely be denominated an energetic, original production.

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*Military Surgery.*—Dr. Flint, a leading member of the faculty of the Kentucky School of Medicine, gave, in his late introductory lecture, one of the very best things, to our apprehension, his pen has produced. While it indicates the scholar, in the literary excellence pervading thirty-six pages, the man of science is also discernible. What are our old Atlantic border institutions of medicine coming to, if all the West and South conspire against them, not by force of arms, but by that far mightier power, the rivalry of a combined strength of intellect, which nothing can resist in a nation of independent thinkers? A few years ago, we used to hear of the incipient formation of here and there a new school; but they were so far off that it was never for a moment imagined that their influence would reach far beyond the boundaries of that circle of individual activity in which the originators of them were operating. But they have now become grown, and are in the process of still higher development, and actually becoming great medical centres, drawing to them students from every direction.

Dr. Flint has a clear perception of what is worth having or knowing in the profession to which his life has been devoted. Vigor of thought and



energy of style characterize his writings, and when his mind bends down to the consideration of operative surgery, he is in the best attitude for exhibiting advantageously the results of a life of useful industry. We therefore commend the discourse particularly to the reading of surgeons, both young and old. The first will be instructed, and the latter refreshed—and may Louisville prosper in all departments of science and industry, as it has in her two schools of medicine.

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*American Journal of Insanity.*—The volume of this work for the new year commences auspiciously. The gem in the first number is an article on Institutions for the Insane in Prussia, Austria and Germany, by Pliny Earle, M.D., of New York, whose name is quite familiar to physicians of the United States. He not only presents an authentic catalogue of the asylums, which must be particularly useful for gentlemen desirous of exchanging documents with those having charge of them, but also as a reference in constructing tabular statements, and statistical memoranda. His comments are not voluminous, yet satisfactory to the reader. Then again, Dr. Earle's account is reliable. We have personally examined many of the establishments particularized in this article, and his comments, made in a plain, sensible way, recall many interesting circumstances connected with our visitations to those abodes of misfortune. The miscellaneous articles in this work are always interesting, and often curious.

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*Necrological Appearances of Southern Typhoid Fever in the Negro.*—Our southern brethren are industrious men. They seem always to keep doing, and therefore admonish us, whenever we are disposed to be idle, by the force of example. Dr. H. A. Ramsay, of Columbia Co., Georgia, has sent forth a pamphlet on the subject of the "necrological appearances of southern typhoid fever in the negro, with hints upon its prophylaxis and therapeutic management, together with observations upon the mental and physical peculiarities of the Ethiopian—founded upon observational analysis and autopsal results in his normal and abnormal condition; exhibiting their probable relative influence in forming the character of the disease south, and the presumed establishment of its primary origin in the negro, upon physiological and pathological grounds." What an immense field for exploration!—and yet the whole is comprised within 24 pages. After the title are the following appropriate words—"*truth without fear.*" The examination after death was minutely conducted, and the record would satisfy any pathological inquirer. The gist of the whole is simply this, in the author's own words—viz., "that the typhoid fever at the south, particularly as it appears in the southern negro, is a disease *sui generis.*" Again—"When we look at the southern negro physically and intellectually, we find him emphatically dissimilar to his bipedal fellow of the white race." The reasonings that follow this proposition are ingenious, and indicate an honest determination to explain the difference between the two prominent varieties of men—the white and black. In short, the 13th, 14th and 15th pages have physiological interest, which no one north, at least, would feel authorized to controvert, as it is quite impossible that we should know as much of the negro, his habits, superstitions, and peculiarities, as those living with and among them. Towards the close, Dr. Ramsay becomes spirited in regard to northern notions and views of institutions at

the south, and finally expresses a hope that every school of medicine north, south and west, may establish chairs for the purpose of settling the question by anatomical investigations. "It is something painfully remarkable," he says, "that there should be no chairs of comparative anatomy in our most reputable schools in America, exhibiting the manifold differences of the two races in their anatomical structure, together with their ordinary and well-known peculiarities." Physicians should read this production.

*Mortality of Boston for the last year.*—We present below, and on the following page, tables showing the monthly deaths in the city of Boston, and the diseases which caused them, for the fifty-three weeks from Dec. 27, 1851, to Jan. 1, 1853. They are made up from the weekly reports in this Journal, and present, we believe, a correct abstract of the mortality of the city during the time specified, as shown in those reports. Some slight variations, however, will be found to exist between the figures in these tables, and those in the annual report of our accurate City Registrar, Mr. Simonds—soon to be published. One cause of these variations is, that the weekly reports, as furnished us for the Journal, are closed at 12 o'clock on Saturdays, after which deficiencies are sometimes made up by the Registrar, particularly in the diseases, some of which, being reported at first "unknown," are ascertained, from the physician in attendance or otherwise. The total number also of course varies, on account of 53 weeks being included in our table. The City Registrar makes the mortality for the year 1852 to be 3,736. This is a smaller number than for the year previous. Estimating the population to be something over 145,000, the deaths for the last year have been 1 in 40, or 2.57 per cent.

*Monthly Summary of Deaths in Boston, from December 27, 1851, to January 1, 1853.*  
(For diseases, see next page.)

Months.	Deaths.	Males.	Females.	Age.					Amend- ments.	Foreigners and chil- dren of Foreigners.
				Under 5 years.	5 to 20 years.	20 to 40 years.	40 to 60 years.	Above 60 yrs.		
January . . . . .	337	171	166	132	33	71	44	37	134	183
February . . . . .	252	122	130	108	25	50	43	26	122	130
March . . . . .	260	138	132	103	31	72	36	18	111	149
April . . . . .	319	177	142	133	28	78	43	37	147	172
May . . . . .	238	111	117	82	29	66	33	22	105	123
June . . . . .	232	110	112	88	25	55	24	29	94	128
July . . . . .	377	186	191	181	39	84	49	24	122	255
August . . . . .	403	217	186	248	35	64	35	21	137	266
September . . . . .	358	174	184	202	27	75	28	26	147	211
October . . . . .	363	201	162	146	39	95	46	37	150	213
November . . . . .	235	114	120	120	25	74	36	32	139	138
December . . . . .	380	188	192	157	39	83	48	33	147	233
Total . . . . .	3,797	1,929	1,868	1,720	403	807	465	342	1,366	2,231

MARRIED.—J. D. Young, M.D., of Bath, Me., to Miss L. A. Banner.—Dr. David Hodges, of Panama, to Miss E. E. Whiteley.—In Bridgewater, Jan. 4th, Joseph B. Fobes, M.D., of Hanover, to Martha P., daughter of Aretas Fobes, of B.

DIED.—Dr. Wesselhoeft, of the Brattleboro' Water Cure Establishment, at Leipsig, Germany. He had a partial apoplectic attack a year since, which seriously affected his mind, and his journey to Europe was undertaken in the Fall, in the hope of benefiting his health. His Water Cure Establishment is to be conducted by Mrs. Wesselhoeft, under the supervision of experienced physicians.—At Salem, Mass., Dr. Henry Krause, a native of Germany.

*Deaths in Boston*—for the week ending Saturday noon, Jan. 8th, 72—Males, 44—females, 28. Accidental, 1—inflammation of the bowels, 2—inflammation of brain, 1—burns, 2—consumption, 10—convulsions, 3—croup, 9—dropsy, 1—dropsy in head, 1—infantile, 5—erysipelas, 2—scarlet fever, 9—gravel, 1—hooping cough, 1—disease of the heart, 2—disease of the hip, 1—intemperance, 2—inflammation of the lungs, 7—disease of liver, 3—marasmus, 2—measles, 1—old age, 1—palsy, 2—pleurisy, 1—unknown, 2.

Under 5 years, 46—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 4—over 60 years, 3. Born in the United States, 56—Ireland, 14—England, 1—Prussia, 1. The above includes 5 deaths at the City Institutions.



Table of Deaths in Boston from Saturday noon, Dec. 27, 1851, to Saturday noon, Jan. 1, 1853.

DISEASES.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Abscess	1	1		2			3		1		1	1	10
Accidental	6	3	3	4	1	8	7	8	8	10	8	1	75
Anemia			2										3
Angina pectoris				1									1
Apoplexy	3	2	2	2	2	2	1	2	1	2	3	1	23
Artery, ossification of											1	1	1
Do. rupture of											1	1	1
Asthma	1									1			3
Bones, disease of											1		1
Bawels,	1	2	1	3	3		12	9	3	3			37
Do. inflammation of	4	4	2	2		5	27	29	28	9	2	5	119
Do. ulceration of										1			1
Brain, congestion and inflammation of	2		3	2	6	2	7	6	7	5	7	9	56
Do. disease of	4	8	7	11	6	4	2	6	3	4			56
Bronchitis	1	1	1	1					1		4		9
Burns and scalds	2	1	1	1		2	2	4		2		6	21
Cachexia								1					1
Calculus and gravel		1					1		1				3
Cancer	3	2	1	6	2	1	4	3	3	2	2	2	31
Canker		2											2
Catarrh				1									1
Chloric ether, inhalation of								1					1
Cholera infantum							12	26	22	9	1		79
Cholera morbus							3	1	3	2	1		11
Colic											1	1	3
Congestion		1											1
Consumption	50	56	69	70	53	44	69	43	40	74	54	63	685
Convulsions	12	7	4	13	8	10	18	7	8	20	10	10	137
Coryza maligna													1
Coup de soleil										1			1
Croup											15	20	114
Cyanosis	21	7	2	10	5	1	6	8	6	11			2
Debility and exhaustion	2	2	2	4	1	3	1	2	2	2	2	4	27
Diabetes	1	1									1		3
Diarrhea	3	2	1	1	1	2	7	21	15	2	1	2	58
Dropsy	9	7	7	6	7	3	3	5	6	8	6	5	72
Browned	2	3	1	6	2		2	3	2	2	2	1	26
Dysentery	3	3	2	4			10	30	33	22	7		114
Dyspepsia	1							1					2
Epilepsy			2	2							1		3
Erysipelas	2	1	4	1	7	1	3		3		1	4	27
Fever	3	1		1	1	1	1			2	2	5	18
Do. bilious							1						2
Do. intermittent													1
Do. scarlet	5	9	9	6	8	25	26	40	19	29	37	58	271
Do. typhoid	15	2	2	3	1	4	3	2	7	10	5	12	66
Do. typhus	11	4	4	6	3	2	3	4			8	7	52
Fracture									1	1	1		1
Gangrene	1	1	1		1			1		1	1		8
Hæmaturia		2											1
Hæmorrhage	1	3	3		1				1	1	1		11
Head, dropsy in	11	13	9	17	8	14	14	17	8	13	14	13	151
Heart, disease of	8	6		12	8		5	2	3	6	10		79
Hernia				1									1
Hip, disease of			1			1						1	3
Homicide	2					1	1		2	5	1		4
Hooping cough	7	5	10	7	2		1	2	1			8	52
Infantile diseases	38	20	22	17	22	15	35	31	30	20	22	21	293
Influenza	1		1		1					1			4
Intemperance	1	1	4	1	3		2		3	3	2	2	22
Intussusception							1						1
Jaw, necrosis of	1												2
Kidneys, disease of										1	2	2	28
Liver, disease of	1	1	7	1	1		2	3	3	5	1		28
Lungs, congestion and inflammation of	45	18	26	31	21	9	11	9	8	9	13	37	237
Malformation										1			1
Mania	7	7	6	9	3	1	14	17	1	2	1	1	5
Macasmus						6			13	5	8		98
Measles	1	5	1	5	2	4	3	1		2	1		29
Neuralgia	1	1	1	1	1								6
Oesophagus, disease of											1		1
Old age	6	3	4	8	6	12	9	3	6	10	8	7	82
Palsy	4	2	2	6	5	3	3	1	3	5	2	3	39
Peritonitis			1						1				2
Pleurisy	1	1	1	7		2				5	3	4	24
Poison											1		2
Puereral diseases	8	6	2	3	1	5	3	5	6	7	1	4	51
Purpura													2
Rheumatism	2	4		4	2	1	3	4	1	2			23
Scald head				1									1
Serofia	1	2	1			3	3	1	5	2	3	3	24
Smallpox	6	2		2									10
Spine, disease of	1		1	2	4		1	1		1		1	12
Stomach, inflammation of						1							1
Suicide	1				2	2				1			6
Syphilis	1			1									3
Tetanus	8	10	10	10	3	7	10	25	27	11	7	7	136
Throat, disease and inflammation of	2		2	1	1		1		1	1		1	10
Thrush		1	2	3	2	1	3	7	1	2	2	3	27
Tumor		1	1	1	1	1	3		3		1	4	15
Ulcer			1	1	1								2
Unknown	4	4	3	4	3	5	7	5	2	7	5	9	58
Worms		2	2				2	1	3		2		12

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No. 25.

DR. COLLINS'S LECTURE ON DISEASES OF FEMALES.

[Concluded from page 480.]

Now, gentlemen, let us proceed to the treatment of one of the most common cases we meet with in every-day practice. For the sake of elucidation, permit me to cite a single example, showing the effect of allowing a simple case to become chronic and obstinate in its character.

Mrs. A., *et.* 38, was married at 18, and had three children during the first seven years of her marriage, which brought her to the age of 25, up to which time she had always enjoyed good health. After that period her general health began to break down, and continued to fail so much that she was at last confined to her room, and finally to her bed, where she remained most of her time for eight years. During all this period of time she had been attended by various practitioners, both regular and irregular. Extreme nervous irritability pervaded the whole system; the digestive organs and assimilative function were greatly impaired; the skin presented that peculiar sallowness which so often accompanies these cases. The bowels were torpid most of the time, but would now and then become too relaxed. Upon attempting to sit up or stand on her feet, a sense of great weight in the pelvis, with pain in the back and down the thighs, caused the feeling in those parts which is usually termed bearing down. She had a constant discharge from the vagina, which was not of large quantity unless she attempted to sit or stand up, and then it was increased. The character of this discharge was something of the color and consistency of thick, dark cream, and at times was quite foetid. The menstrual discharge was irregular in time and quantity.

Almost as a matter of course this woman had used a variety of injections for the vagina and womb; worn *pessaries*, *supporters* and *plasters*; and after failing to be cured by one, she had tried another, and had taken her share of the cure-alls advertised in the newspapers.

After examining every other part of the body than that where I supposed the primary disease existed, as I generally do, and not discovering any organic lesion, and not being satisfied with the diagnosis of my "illustrious predecessors," or their ridiculous nosological classification of her disease under the common head of "*nervousness*," or "*liver complaint*,"



I proposed to investigate the condition of the womb, which was readily consented to, as is always the case with sensible and well-bred ladies when laboring under these afflictions. I proceeded in my usual manner of placing the patient on her back upon the edge of the bed, with the feet towards a window which admitted a good natural sun-light. Two chairs were placed by the bed-side at a proper distance from each other, for the feet to rest upon. I first made a digital exploration into the vagina with the patient in the supine position, for the triple purpose of ascertaining what kind of speculum was to be used; whether any tumor of the vagina or polypus of the cervix existed; and to learn the condition, as far as possible by the touch, of the uterus itself. I then had the patient supported by her husband in the standing position, so as to know the difference in the length of the vagina by the mechanical pressure of other parts upon the womb, as well as its own observance of the well-known law of gravitation, which generally shortens the passage to this organ. Re-placing the patient upon the bed, I introduced a proper speculum, which I show you, and brought into view the real condition of the cervix. The vagina was slightly congested, the cervix was readily exposed, and presented considerable hypertrophy and induration, with granular ulceration, somewhat of an aggravated form, involving the *os tincæ*, as I exhibit to you in the colored plate. The disease was a little inclined to take on a malignant character, as indicated by its peculiar fœtor.

I applied the solid nitrate of silver, taking care not to touch any other than the ulcerated surface; in the course of a few minutes I touched the cauterized part with cod-liver oil, and before withdrawing the speculum I scarified freely the surrounding indurated membrane. The patient complained of considerable tenderness in the entire abdomen, but more especially of the lower portion. I was not quite sure whether this sensitiveness was owing in part to slight chronic inflammation of the ovaries, and aggravated by the constipated condition of the bowels, or to the disease of the womb itself. But in order to relieve the bowels and the consequent pressure upon the womb and ovaries, I ordered an enema of warm water and camphor to be administered that night.—I am often in the habit of directing, in cases of much pain in the uterine region, an enema something like the following, viz.:—*R.* Gum camphor., ʒ ss.; tr. hyosci., ʒ ij.; chloroform, gtt. xx.; mag. cal., ʒj. *M.* After rubbing them well together, add a pint of hot water, and the whole to be used as soon as cool enough. This is merely as a palliative for the time being.

In the course of three days I again visited my patient. She informed me that she had experienced some relief, but felt quite as nervous as ever. After wiping away the accumulated pus, I applied tr. of iodine to the entire cervix, and on withdrawing the speculum I placed a suppository at the *os*, ten grains of the mass made after the following formula, viz.:—*R.* Ung. stramon., ʒ ij.; ext. conii, ext. hyosci., carbo ligni, āā ʒj.; pulv. g. opii, ʒ ss.; tannin, ʒ ij. *M.* This and similar remedies I have found of service in this peculiar condition of the parts. Hence I always keep such ready mixed in my case of uterine remedies.

I made a prescription something like this, viz. :—R. Tr. senna et jalap, valerian, lupuli, cinchon., āā ʒ ij. ; syr. simplicis, aq. distillat., āā ʒ ij. ; ferri citras, potass. iodid., āā ʒ ss. M. Dose, a teaspoonful immediately before each meal. No restrictions in food, except to eat that which was nutritious. I also directed a pill to be taken every night, composed of R. Assafœtida, gr. ij. ; pulv. rhei, soda supercarb., fel. bovinum, āā gr. j. M. Ft. pil. no. j.

After three days more had elapsed, I again saw my patient. The medicine seemed to agree admirably with her stomach, and did not produce any of the unpleasant symptoms that tonics had hitherto caused. Upon examining the uterus, I found by actual measurement that we had gained an inch in the length of the vagina, which is of no uncommon occurrence in the treatment of such cases. I am in the habit of being very exact in these cases, for my own satisfaction.

After clearing away the collection of pus, and the remains of the ointment which were left from the last application, I saw that a very marked improvement had taken place since the first application ; yet the patient could not perceive herself much better. This time I applied the solid sulphate of cupri, followed by cod-liver oil.

I continued the use of these remedies, varying them as the progress of the disease seemed to indicate, once in about three days, except when interrupted by the catamenia. I sometimes applied the muriated tincture of iron, containing as much of the extract of logwood as the tincture would hold, from ʒj. to ʒij. of the ext. to an ʒ of tr., which forms an excellent application in such cases where there is so much relaxation of the surrounding membrane. A combination peculiar to myself, I believe.

After the lapse of about four weeks, I directed my patient to commence sitting up a little every day, and then to be carried out to ride ; thus gradually beginning to exercise the entire body. In all of these cases the muscles seem to lose their tonicity, and a system of gymnastic exercises will prove a powerful auxiliary in the restoration of health, after you have removed the local disease.

Without particularizing further, I will state that in the course of three months nearly all of the disease had subsided under the aforesaid treatment, with only slight variations to meet the changes, as symptoms indicated. But it was nearly a year before the patient was wholly restored to sound health. During the entire treatment, the husband was present at each application of topical remedies, which gave him an opportunity of witnessing the progress in the case ; and it is always one of the most satisfactory things connected with the treatment of these disagreeable diseases, to have the parties most interested see for themselves the remedies you use, and the true process of cure. I am in the habit of frankly telling the patient the plain English names of all remedies as I have occasion to apply them, so accustomed have I been to treating such cases in public practice in the presence of medical men. Indeed, I always insist upon having a third person present when it is practicable, so that the real character and amount of disease may be fully seen by one of the patient's own friends.



Every physician, when called upon to investigate a case in private practice, should as carefully analyze it, and give as guarded an opinion, as if he were in the presence of an intelligent audience of experienced medical men. Then there would be fewer mistakes, less odium cast upon the profession, and better friendship would exist in our ranks. If a man cannot tell what disease exists, let him say so frankly to the patient, and he will get the credit of honesty of purpose, if nothing more. But suppose he attempt to go on with the treatment of a case without knowing really what he is treating, perhaps calling it the "liver complaint," or some other nonsensical, worn-out term, the patient will after a while get tired of him, and set him down either as a knavish fool or foolish knave.

The case which I have just related to you may be a little more aggravated by its long standing, but is precisely such as we are almost daily meeting with. You sometimes are presented with cases of ulceration of the cervix which will readily yield to the local treatment, and be cured in a very short space of time : even where they have been considered cases of prolapsus of an incurable character. Again you may treat a case of supposed simple ulceration of the cervix, which the speculum reveals, until you remove this lesion, and still your patient does not obtain that relief which you both expected when you began your medication. In some of these cases chronic ovaritis may exist, but may have escaped your notice, or you may have supposed the slight tenderness of these organs, dependent upon, and would be relieved by, curing the cervix, and only find yourself mistaken after a fair trial. In such cases attack this hidden lesion by cupping and blistering over the inguinal region, and keeping up proper counter-irritation, occasional scarification at the *os tincæ*, and cold-water enemias, as advised by Dr. Tilt, the author of a very clever work on diseases of menstruation.

I have now and then met with a case where there was functional derangement of the uterine organs, which I have thought gave rise to other derangements, but did not get as satisfactory results in these cases as I had been in the habit of in other similar ones. I mention this, because I hold that if a man attempts to read to others from his own little book of experience, he ought to show both sides of the picture ; if he does not, his critics surely will show the less favorable view of the case.

I will just allude to a kind of small fibrous polypus which sometimes exists within the *os tincæ*, and escapes the notice of the medical attendant, so hidden is it ; but it may readily be detected by opening the mouth of the womb with proper instruments, when that organ is fairly exposed with a proper speculum and brilliant sun-light. I have recently treated with entire success two cases of this kind, which had been previously treated for uterine disease by skilful practitioners. I merely twist off these polypi with common dressing forceps, and apply the solid nitrate of silver.

Another trifling difficulty which causes much annoyance, is a small bloody tumor, or irritable fungous growth, which makes its appearance at the *meatus urinarius*, and is sometimes so excessively sensitive as to entirely

prevent sexual congress, and micturition is attended with pain. I formerly cauterized, or cut them off and then cauterized the bleeding surface, and let the patient walk about as much as she pleased; but they were not always cured. I now cut them deeper than formerly, using this little bistoury, which I show you, for that purpose. I have an assistant, usually, to hold open the vulva, whilst I grasp the affected part with proper forceps with one hand, and cut with the other. I immediately apply the solid nitrate of silver, and dress the part with a little fine lint, keeping my patient in bed and on low diet for about four days, which fully prevents a return of the disease.

I must not neglect to drop a few words, in these hasty remarks, on the proper use of tonics in the treatment of a majority of uterine diseases as they present themselves in our country. When in Paris and London, a little over two years ago, I could not help observing the difference in the constitutions of the patients of those two countries; and also the very marked contrast in English and American women laboring under the same disease. I spoke of this circumstance to several distinguished medical authors whose works are re-published in our country. I then saw the great necessity of our having a medical literature of our own, and not taking the *ipse dixit* of writers in other countries without investigating for ourselves. Although there will always be found to exist the same pathology and the same prominent points in the same disease in different countries, the treatment must be varied according to climate and constitution. The English eat so much more beef and mutton, and drink so much more wine and malt liquor, that the same disease with them has to be treated quite differently from what it is with us, as you see it laid down by their good practical writers. In most cases of uterine disease in our own country, we can commence the use of bark and iron from the very outset of our treatment, so defibrinized has the blood become by the sympathizing effects produced upon the digestive organs, and the almost entire disuse of wine and malt liquors by American ladies.

With respect to the *kind of speculum* to be used; you require at least a dozen different sizes, and of various patterns. The common glass cylinder, however, will always be used more than any other in the application of remedies. One great fault with those that you find in the shops, is, they are all too long for practical purposes. I am in the habit of having those I use made to order, expressly as I desire them.

The speculum, it now appears, is an instrument of great antiquity; the ancients being quite familiar with instrumental examinations of the neck of the womb, and the treatment of its various diseases by ocular demonstration. It is now pretty well ascertained that various instruments for examining the vagina and uterus, and treating diseases incidental to them, were used previous to the seventh century; and that owing to the peculiarly delicate situation of the monks and priests into whose hands the practice of medicine fell, for a time, the treatment of uterine diseases was abandoned. This important department of medicine was thus neglected for centuries, and only awaited this happy age of discovery and improvement to be brought to light.

Before closing, I will just allude to a subject of some importance,



which, it seems to me, is too generally overlooked by medical men. I refer to the secret habit of onanism or masturbation, and its direful effects upon the nervous system of young women who practise it. It ruins them both mentally and physically, and I believe prevails to a far greater extent than most people are aware of. The exercise of the mental, at the expense of the physical system, causing a peculiar susceptibility to excitement; the fondness for works of fiction which at the present day seem to find their way to all classes of society; and a distaste for all manual labor, prepare young ladies for this unnatural habit, which sends many to their graves, and others to lunatic asylums.

I once had a patient, a beautiful young lady of nineteen summers, who at this interesting age was sent by her parents in the country, to the city to complete her education in music. She was placed under the tuition of a distinguished foreign teacher, who called at her uncle's house two or three times a week to give her lessons on the piano, for about a year. At the termination of the year her general health became delicate, and finally she was attacked by menorrhagia, which continued for some months, reducing her to the lowest possible state. The menorrhagia was followed by amenorrhœa, which continued to the time I first saw her. Good medical advisers were called in attendance, and various modes of practice adopted for nearly five years. During this long period of time her mind became impaired. Without occupying your time in particularizing further in this case, I will say that when she came under my care, I embraced the earliest opportunity, when left alone with her, to tell her frankly my suspicions. She burst into a flood of tears, and told me that my suspicions were correct. She confided to me that she began the practice when under the tuition of her music teacher, and had continued it more or less until the time I was called to see her. She said her teacher would put his hands on her when looking over her shoulders in reading lessons with her, or instructing her on the instrument. He would sometimes let one hand rest on her lap when sitting by her side, and was constantly taking such little liberties, which she pretended not to notice, for he never offered her any direct insult. Such little familiarities caused new and peculiar sensations, which she attempted to *allay* by chafing the genital organs with the hand. She was thus unconsciously led into a practice which came well nigh proving her ruin. I at once explained to her the consequences, and she promised to abandon the practice. I put my patient upon the use of iron and quinine, and made repeated applications of nitric acid along the spine, especially over the lumbar region; making an eschar as a counter-irritant, and to affect the sensorium. She finally recovered her health.

I have sometimes had patients tell me that the habit was so confirmed that they often awoke in the night and found themselves at this practice. In these cases I either have them fasten their hands in such a manner as to keep them away from the genital organs, or apply a drop or two of nitric acid, now and then, to the clitoris and about the anterior commissure of the labia, keeping the parts so sore as to produce pain on touching them.

When at Guy's Hospital, London, Dr. Golding Bird called my atten-

tion to a curious case, which he then had under treatment, and which originated from the practice of masturbation. It was that of a young woman, who would lie for months together, apparently, almost lifeless, taking just food enough to sustain life. She bore all sorts of torture in the hospital without showing the least feeling. Several eminent clergymen visited her before she was taken to the hospital, and much interest was excited in her case, as she was supposed to be in a trance. Several medical gentlemen of London had treated this patient without the slightest knowledge of its origin. She confessed to Dr. B. her depraved habit, and was finally cured.

I once treated a married woman who had been in this practice for twenty years, and refused her husband, so fearful was she of having children. Her nervous system, as well as her general health, were completely ruined, yet her husband, to this day, I presume is wholly ignorant of the real cause of her ill health.

As physicians, it is necessary for us to know and to treat these depraved habits as they present themselves to us in either sex.

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#### M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. STARR, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

##### FIFTEENTH LETTER.

MY DEAR FRIEND,—From the numerous observations collected with care, from the many experiments made by myself, and from the more numerous ones, still made after my example, I have the right to conclude, that up to this day, secondary accidents have not been inoculated. I have told you that the new experiments which I have very recently made; that the experiments again repeated by M. Puche and by M. Cullerier, have remained confirmatory of the first. But these experiments having been always practised upon the patient himself, a capital objection might be made against me. It could be said, the secondary accidents cannot be inoculated in those who are already affected; but they can be perfectly inoculated upon a healthy individual. This objection could be made even by those who partake of my doctrines; for I do not think that it has entered the mind of all that school which is opposed to me, and which professes that, so far from syphilis preventing a new contagion, it is sufficient to make a single wound in a syphilitic patient in order that this wound should take on immediately a venereal character. I have already elsewhere said, and I shall ask of you the permission to soon recall what I think of this opinion. However it may be, the first objection remained; and if the observations of Wallace had been more probable, and less contestable, I should have taken the trouble to answer them, for I was completely destitute of experiments which proved the contrary. It is under these circumstances that has been presented the fact of the inoculation from a diseased to a healthy man, of which I have given you a sketch in my last letter. I have spoken of this fact upon the special authority of the person the most interested in



it, he who has voluntarily submitted to the experiment, who undergoes the consequences of it, and with a legitimacy which we cannot reasonably contest, raises up pretensions to the scientific right to this fact; who believes in having become absolutely the master of it, and having the right to draw from it all the scientific and practical consequences which he shall judge proper, leaving to all the liberty to do as much; it is, I say, under these circumstances, that I have thought myself permitted to give my opinion upon this fact.

I repeat, then, that this fact has appeared to me very grave, very serious, and well worthy of being taken into consideration; this is the reason why I have wished to examine it with care. We do not pre-occupy ourselves with common facts, and those without value. This one derives its importance both from the nature of the experiment which could have great influence in the elucidation of grave practical questions, and from the individual who has submitted himself to the experiment. It is an interne in pharmacy, a distinguished and intelligent pupil, who has been occupied with medical studies, and more particularly with syphilis. I considered the fact merited our attention, on account of the experimenter, whose science, talents or character, as you know, dear friend, I have never wished to attack. If needful, you could attest to this. I have always deeply detested attacks of this kind, not only because they have often been unjustly employed against me, but because it is not my custom, and because my disposition is repugnant to it.

In these letters, rapidly conceived, and more rapidly written, benevolent expressions might sometimes fail me, but the intention never. Let this be said once for all, and put to silence susceptibilities which have no right to exist.

I return to the scientific fact which alone occupies me—all the value and all the importance of this fact is in the diagnosis. Has the pus of a secondary or of a primary syphilitic accident been inoculated upon a healthy individual? I believe, I think, and I have given my motives, that from this fact alone, viz., that the patient who furnished the pus has been inoculated positively himself, that this experiment enters completely into the domain of those which I myself have made. Thus, if success has been met with in this case, it is because, according to my numerous experiments, we have had to do with primary accidents. Unless, which I do not contest, *but which remains to be proved*, we have discovered for the inoculation of secondary accidents, *a particular form, a special period*, which until now has escaped us, and which we ought to be able definitely to determine.

For, in fine, this result cannot be an exception, or the effect of chance. If we could succeed in establishing the circumstances in which secondary accidents could be inoculated, and therefore could be contagious, we shall have made a great step in syphilogeny, and rendered a great service to science. In all cases, this experiment will confirm this law—that an accident actually contagious is inoculable; that there is no difference between artificial and physiological inoculation. It would prove that this mode of experimentation can well have some value, and it would be for me a veritable pleasure to see ranged under this opinion

those persons who have made the most of the *uncertainties and the difficulties of syphilitic inoculations*.

Let me tell you, my friend, that I have no intention, as you well see, of changing my position. I do not attack, I defend myself. I do not criticize, I examine. I am not ambitious for the success of the *polémiste*; I hold to the more modest pretensions of the practical observer. Nobody is more ready than myself to receive light, from whatever source it may come; or to recognize the truth, whatever may be the voice that proclaims it. I have always uttered what I knew, or thought that I knew, with loyalty and firmness. My experiments I have never made secretly; they have become the property of all, they have enjoyed the right to see them, to judge of them, and to discuss them, and certainly in justice they have not found fault with them; and without asking me permission, it was a common right. I have entertained opinions which time and experience have modified. I shall cite an actual example of this, and one to the point.

With all the earnest writers on syphilis, past and present, I have thought that *syphilis was not transmissible to animals*. I have made experiments, which like those of Hunter, of Turnbull, and especially of M. Cullerier, who has made more numerous ones, have always conducted to negative results. All these experiments gave me the right to conclude upon the *non-transmissibility of syphilis to animals*, until the contrary is proved.

However, *I was not too hasty to teach and to publish these negative results*, as M. Robert de Welz has imagined, since I had also the essays of Hunter, of Turnbull, of M. Cullerier, and moreover the numerous unsuccessful experiments, publicly stated, of M. Auzias Turenne. M. Auzias has experimented perhaps more than all of us together, and had also more numerous negative results. But more persevering in his researches, he has studied the conditions which could prevent the inoculation of animals; he says that he has recognized them, and that he has at last succeeded in inoculating the primitive accidents from man to the monkey, and in return from the monkey upon man. M. Auzias assures us that one of the principal causes of the want of success was that the animals licked themselves after the inoculation. He had thought, originally, that the saliva neutralized the virus; but this opinion could not be entertained in presence of the numerous instances that we see in man of the primary accidents having for seat the lips, the tongue, and different points of the buccal cavity. The whole secret was, that the animals, in licking themselves, must necessarily cleanse the wound of the inoculation.

But the true reason which must have caused the experiment to fail, and upon which M. Auzias Turenne insists the most at the present time, is the very great plasticity of the blood in animals, which allows it to interpose itself between the bleeding part and the virulent matter. It is in taking care to constantly soak the wound with pus after the inoculation, that it has succeeded. I have witnessed the experiments, and I can vouch for the authenticity of them. It is with eagerness that I have been able to rectify this point in the history of syphilis, in my clinical lessons.



Until then, I had professed, with our predecessors and with our contemporaries, that syphilis was the unhappy prerogative of man, and yet that it was not spontaneous in him. I have always greatly insisted upon these two facts, which appear contradictory, *specialty of the disease in man, and not spontaneousness*. I have always thought that syphilis had an origin somewhere, and that it was necessary to search for it. Is the problem resolved? The monkeys have not always escaped from wicked insinuations. Already Overcamp and Linder had accused them of playing an evil trick upon the human race, by giving it syphilis; but before M. Auzias, Overcamp and Linder have been considered as calumniators of monkeys. Were they right?

What is incontestable is, that since man was acquainted with monkeys, since he has seen them multiply in the Garden of Plants in Paris and in other capitals, since he has observed them, either in a state of nature or in captivity, nothing has ever been seen upon them or among them which resembled primitive syphilis, and more especially constitutional syphilis.

However, M. Auzias has succeeded in planting upon the ear of a monkey a primary ulcer. The pus which served for the inoculation having been taken from a patient in my wards, I ought to note with care the circumstances in which this pus was taken. The patient who furnished it was affected with confluent chancres upon the gland, upon the prepuce and upon the rectum—*chancres non-indurated*, and at the period of specific progress. These chancres were the result of a recent contagion in an individual under the influence of a constitutional syphilis, at the secondary period; and this is very important to note, for according to the principles that I have given out, this circumstance explains why the chancres were not indurated in this patient. Again, these chancres, by their *multiplicity, by the variety of their seat*, could have been, in the eyes of inattentive or of superficial observers, confounded with other constitutional accidents, and served as a pretext to conclude upon the possible inoculation of secondary accidents.

A previous inoculation had been made upon the patient and had succeeded. It was with the pus of the pustule of the inoculation that the monkey was inoculated the first time. A second inoculation was made upon the monkey with the pus of his first pustule, and this second inoculation again succeeded.

It was then that one of our young brethren interposed. M. Robert de Welz, associated professor of a German university, asked to be inoculated, and was effectually inoculated—first with the pus of the first pustule of the monkey, and then with that of the second. These inoculations succeeded. But until then, the patient who first furnished the pus had not had any specific induration; the monkey, whose pustules became a little thickened, *had not presented the certain characters of this induration; the neighboring glands were not enlarged*; in fine, our German brother, who of his own accord submitted to a perilous experiment, in whom, moreover, the pustules of inoculation were not destroyed until at quite a late period, has not experienced the *specific induration*. The pustules

of inoculation presented, at their base, sub-phlegmonous engorgement, very common, but which might often be confounded with specific indurations by inexperienced observers. The axillary glands (the inoculations having been made upon the two arms), were not enlarged.

For the inoculation at which I assisted, and which was made upon M. Robert de Welz, a new lancet was used, but the pus upon the monkey was taken up with a spatula which was not new. Since then, M. Robert de Welz has made a new inoculation, which succeeded, with new instruments.

Thus far, then, we have only purely primary accidents, essentially local; but this is not yet the verole. Has the monkey served only as a soil for the transplantation of the chancre? This is very possible. We have the right to think so, until we succeed in producing in him constitutional accidents. This opinion is so much the more maintainable, inasmuch as many writers upon syphilis, especially in England, pretend *that the chancre which does not become indurated* is not a syphilitic accident. Will the experiments of M. Auzias come to confirm this opinion? I shall inform you at a later period what I think of this, and what I think upon the induration of chancre.

However it may be, I shall say to you, meanwhile, that if the *primary accidents* incontestably inoculable upon man, can be inoculated upon the monkey, the *secondary accidents* ought also to be inoculated, if, perchance, they have very recently become inoculable.

Is there, then, for each particular disease, as for the epidemics in general, a versatile character? Or, rather, is it not the genius of observers which changes?

Yours, &c.,

RICORD.

#### STRANGULATED HERNIA—CURE BY OPERATION

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Should you think the following worthy of an insertion in your Journal, it is at your disposal.

About three years since, C. J. called upon me with a strangulated inguinal hernia of the right side. I gave him chloroform, and, assisted by Dr. L. Johnson, succeeded after a long trial in reducing it by taxis. A truss was furnished and applied, retaining the bowel within the abdomen for about a year, till it was accidentally broken; since which time the hernia has been down daily, though he has always been able to reduce it himself whenever it became troublesome, till on the morning of Nov. 15th, 1852, when he called upon me, saying that about four hours since, his hernia came down, was painful, and he could not reduce it. The hernia was now hard and large, extending into the scrotum. I placed him in a suitable position, and attempted for half an hour to reduce it by taxis. Failing in this, and not having an anæsthetic at hand, I directed him to go home, and placing himself on a bed upon his back with the legs flexed, to apply a bag of ice to the swelling, and take ant. et pot. tart. gr.  $\frac{1}{4}$ , every hour, in liq. pot. cit.,  $\frac{3}{4}$  ss.

$7\frac{1}{2}$ , P.M., I visited him at his house. He had complied with my di-



reactions, but with no benefit, except, perhaps, to prevent much increase of the inflammation. Again trying taxis for a short time, but not succeeding, I resolved to give him chloroform and repeat the trial. Putting him fully under its influence, I again attempted reduction by taxis, but without success. The symptoms not appearing immediately urgent, I ordered the ice and ant. et pot. tart. to be continued as before directed, and resolved to wait for the light of the next day before attempting the operation.

Nov. 16th, 9 o'clock, A.M. The patient passed a restless night, with increased pain and frequent vomiting. The swelling about the same as last night; tenderness increased. Proceeded to put him under the influence of chloroform for the purpose of an operation, should taxis again fail. In about five minutes he was completely under its influence. Taxis was tried for a short time, but there being no prospect of success, I proceeded to operate.

The skin and cellular substance were divided, commencing at the upper part of the tumor and extending downwards for about  $3\frac{1}{2}$  inches. The external epigastric artery being divided by this incision, was secured with a ligature. The cremaster muscle and fascia propria were next divided, exposing the hernial sac. This appearing healthy, the finger was passed to the internal ring, and the stricture felt and divided with a curved, blunt-pointed bistoury. I had hoped that the intestine and its sac could now be reduced; but in this I was disappointed, as the sac adhered firmly to the ring and the intestine was not inclined to recede. The hernial sac was now opened; and adhesions being discovered between it and the intestine at the abdominal ring, they were carefully broken up by passing the finger between the sac and intestines, when the latter immediately returned into the abdominal cavity. The wound was now cleansed, the integuments brought together and secured by sutures; a compress, moistened with cold water, applied and secured by a T bandage; and over all, a bag of ice. He was ordered to take, every four hours, hyd. chlo. mit., grs. ij.; pulv. opii, gr. j.; and, in the intervals, ant. et pot. tart., gr. 1-6, in liq. pot. cit.,  $\frac{3}{4}$  ss. The diet to be strictly antiphlogistic, and the position recumbent.

7 o'clock, P.M.—Pulse 90. Has had but little pain; some nausea, and occasionally vomiting. Urinated a pint and a half at time of visit. Ordered the ant. et pot. tart. discontinued; the hyd. chl. mit. and opium continued. Ol. ricini  $\frac{3}{4}$  j. to be given to-morrow morning.

Nov. 17th, 9 o'clock, A.M.—Pulse 95. He has rested some, vomiting once or twice, and urinated naturally. Bowels a little tender and tympanitic. Took the oil about two hours since. Ordered it repeated in two hours if the bowels are not previously moved—the hyd. chl. mit. and opium to be suspended.

2 o'clock, P.M.—Pulse 96. Oil has not operated. Ordered an injection of warm water with salt and molasses, which moved the bowels immediately. The hyd. chl. mit. to be resumed.

7 o'clock, P.M.—Pulse 100, soft. Has had two or three dejections, in which the oil is discernible; urinated freely. Continue ice to bowels, and give the hyd. chl. mit. and opium every three hours.

Nov. 18th, 9 o'clock, A.M.—Pulse 100, soft. Has rested some; vomited once during the night; urinated, but has had no dejection. Bowels some tender and tympanitic. Gave an injection as above, which brought away some fecal matter, affording much relief. Ordered the hyd. chl. mit. and opium, combined with ant. et pot. tart., gr. 1-6, every three hours. Ice and diet as before.

7 o'clock, P.M.—Pulse 105. Skin moist. Has been tolerably comfortable through the day. Treatment continued.

Nov. 19th, 9 o'clock, A.M.—Pulse 110, hard. Tenderness and tympanitis increased. Passed a restless night. No dejection. Gave an injection, which brought away considerable flatus and some feces. Ordered sixteen leeches applied to the abdomen, followed by cloths wrung from warm water to promote the bleeding. Medicine continued.

7 o'clock, P.M.—Pulse 105, soft. The leeches have drawn well, and bleeding still continues from some of the bites. Ordered the warm fomentations and medicine continued.

Nov. 20th, 9 o'clock, A.M.—Pulse 100, soft. Rested some. Tenderness and tympanitis less. Has had a little discharge from bowels, but feels the need of more. Ordered ol. ricini,  $\mathfrak{z}$  j., to be followed by an injection if necessary. After operation of physic, medicine and fomentation, to be continued.

7 o'clock, P.M.—Pulse 105, soft. Has had several dejections; urinated and feels comfortable. Tenderness and tympanitis less. Continue medicine.

Nov. 21st, 9 o'clock, P.M.—Pulse 95, soft. Rested very well, had several dejections, tenderness and tympanitis nearly gone. Ordered hyd. chl. mit. and opium  $\text{ãã}$  gr. j.; ant. et pot. tart., gr. 1-12 every three hours. Fomentations as before.

7 o'clock, P.M.—Pulse 100, soft. Tenderness and tympanitis slight. Continue medicine.

Nov. 22d, 9 o'clock, A.M.—Pulse 90, soft. Rested some, had several dejections, tenderness and tympanitis very slight. Complains that the teeth are sore. There is some discharge of healthy pus from the wound. Ordered opii gr. j.; pulv. ipecac. gr. ss., every three hours; the hyd. chl. mit. discontinued.

9 o'clock, P.M.—Pulse 90. Has had one dejection; feels comfortable. Continue medicine.

Nov. 23d, 9 o'clock, A.M.—Pulse 85. Has had one dejection, urinates freely, tenderness and tympanitis mostly gone. Pus discharged from wound quite freely.

7 o'clock, P.M.—Pulse 90. No pain. Continue medicine.

No. 24th, 9 o'clock, A.M.—Pulse 82. One dejection; urinates freely; no tenderness or tympanitis. Discharge of healthy pus from the wound quite free. Opium and ipecac. discontinued for the day; liq. pot. cit. in doses of  $\mathfrak{z}$  j. substituted. Rested well last night.

7 o'clock, P.M.—Pulse 85. Comfortable during the day. Opium and ipecac. resumed.

Nov. 25th, 9 o'clock, A.M.—Pulse 72. Rested well and feels comfortable. Wound discharges pus freely. Ordered quiniæ sulph.,  $\mathfrak{z}$  ss.;



ac. sulph. aro., gtt. xxx. ; syr. aurant, ʒj. ; vin. Mad. et aquæ, āā ʒ ijss. Misce. Dose ʒ ss. three times a-day ; the opium and ipecac. to be given at 8 o'clock in the evening, and repeated at midnight if needed.

Nov. 26th, 9 o'clock, A.M.—Pulse 70 ; no pain ; rested well, having taken the opium and ipecac. but once. Had one natural dejection ; urine free ; has an appetite for food. Discharge of healthy pus from wound abundant. Ordered medicine continued, and light but nourishing food. To be kept quiet.

From this time the patient had no febrile symptoms. His appetite was good, secretions natural, and strength daily improving. The discharge of pus from the wound continued for several days, but the healing process was apparent, till, on the 19th of Dec., he left his room, *cured*.

It will be perceived that in every instance to this individual I gave chloroform. I have used this article in my practice for the last five years, and have given it in almost every case requiring an anæsthetic. I have given it at least two hundred and fifty times, and thus far have seen no injury result from its use. I have occasionally given the sulphuric ether, but believing that it causes more suffering than chloroform, I greatly prefer the latter. If the chloroform is pure, and is given in proper quantities and with suitable precautions, I think there can be no possible risk in its use. Chloroform is probably given, the world over, fifty times as often as sulphuric ether. I know it is said that chloroform kills ; but were the sulphuric ether used as extensively, is it not probable that deaths would be recorded from its use ? My method of giving chloroform is this. Folding a silk handkerchief eight thicknesses, I pour upon it about ʒj. of chloroform, and hold it to the nose and mouth in such a manner as to admit atmospheric air with it till the patient begins to be affected, when it is applied close to the mouth and nose and retained till he is fully under its influence. The handkerchief is then removed. Should the patient move during the operation, more chloroform is added to the handkerchief, and applied to the mouth and nose till he is again quiet. In this manner I proceed till the operation is completed. Chloroform acts much quicker than any other anæsthetic, and is much more agreeable to the patient ; and if it is equally safe, which I fully believe, it is the most desirable article to use.

E. B. MOORE.

*Boston, Dec. 30, 1852.*

#### SUDDEN RESTORATION OF HEARING.

*To the Editor of the Boston Medical and Surgical Journal.*

Miss F——, æt. 23, when about two years old introduced a bean in the right ear, and from inability to extract it, the substance was allowed to remain there for some months. It was at last removed in small pieces, with a darning needle, leaving the passage very much abraded, from which blood freely flowed. The external meatus became in a short time completely closed, by the supposed agglutination of its walls—the func-

tion of the ear be coming *entirely* suspended. She was not able to hear the loudest sounds when the *left* ear was closed. About ten months since, she came under my charge, with otorrhœa affecting the *left* ear, accompanied by a considerable amount of cerebral disturbance. She being of a decided plethoric habit, I adopted the most vigorous antiphlogistic measures — venesection, purging, leeching, &c.—and after the acute stage, blisters with sarsaparilla and iodide of potassium. The membrana tympani is covered by fungous granulations, to which I am applying nitrate of silver. In this condition of things she could be made to hear only by the greatest effort—the right ear, as I have said, being useless. About three weeks after I saw her, she removed from the *right* ear a hard, black-looking substance, with a pair of tweezers, and found, to her surprise, that the passage, which had been closed for twenty-one years, was completely open. I saw her the next day, and she was anxious to know if she would be able to hear with that ear. I prophesied that its function *might* be partially but gradually restored. Her ear remained in this condition about four weeks (she hearing no better than when it was closed), until last Friday evening, she experienced a very curious sensation in the right side of her head—feeling, as she described it, as though her brain was being wound up. She was unable to speak, and quite sick at her stomach. Soon she felt “as though her brain was unwinding,” accompanied by noises like the “firing of artillery;” and when the process appeared to be completed (a space of about one minute), she could hear perfectly with the right ear. She was very much agitated and alarmed, as you may readily suppose. She can now hear ordinary conversation as well as any one with but one sound ear. Loud noises are, however, somewhat painful.

Can any of your readers give an explanation of the case—or is it one of those phenomena beyond human ken? My youth and want of experience prevent my hazarding an opinion.

A. H. THOMPSON, M.D.

Walden, Orange Co., N. Y., Jan. 12th, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 19, 1853.

*Births, Marriages and Deaths in Massachusetts.*—The tenth authorized annual report, by Josiah Curtis, M.D., under the direction of the Secretary of the Commonwealth, has been published, and is as rich in facts as statistical readers can desire. There are such formidable tables we scarcely know where to commence or when to leave off. The returns are for the year 1851. During the year they show the number of births to have been 28,681 — or about one in thirty-five of the population. “Nearly thirty per cent. of all the births during the three years, were stated to be of foreign parentage; and of these, the proportion in 1851 was still greater.” Massachusetts, like the Orient, rejoices in more females than males.



There were 11,966 marriages in the year. Within the past three years, 58,491 persons entered upon wedlock in this Commonwealth, being in the proportion of 1 to 102 inhabitants. Few illegitimate children are born here, compared with other countries. In 1846, 38,230 women in England had children, without being married, and 293 of them had twins! Among the anomalies, the report says a negro, aged 58, was married, his *sixth time*, to a negress 55, who had been married *three times* before! The article on deaths is well drawn up, as Dr. Curtis does all his literary work. It is a fine philosophical as well as medical article, abounding in common-sense observations, which show the author to be thorough in his researches into the why and wherefore of the mortality he records. The following quotation shows the mortality of the State for the year specified.

"During the year 1851, there have been no less than 18,934 deaths. This is nearly fifteen per cent. above the number in the year previous. But 1850, following the cholera year as it did, was a year of unusual health. 1851 may perhaps be set down as a fair average of the health and mortality during a series of years. Nine towns neglected to comply with the law by making returns for this report. These embrace a population of 10,223. Taking this amount from the aggregate population of the State, which is 994,514, and we have left 984,291 represented. From this we perceive that there was one death in 51.98 of the population, or 1.822 per cent."

This annual report is obviously improving in completeness and character, and posterity will thank our legislature for the present registry law, and also Dr. Curtis for his accuracy and patience.

*Chelsea Marine Hospital.*—A paragraph has been going the rounds of the papers, praising the excellent condition of the U. S. Hospital in Chelsea, two miles north of Boston. It has always been well conducted since the first day it was opened for the reception of seamen, and the various surgeons who have had charge of it for many years, have been men of tact and capacity. Dr. Ingalls, spoken of in connection with the extent and amount of professional business devolving upon him, is an accomplished surgeon, of great promise. His father before him was eminently distinguished, both as an anatomist and a successful operator. Dr. Stedman labored there many years, and gained a reputation which we trust will secure to him in private practice, the confidence of the community, which he deserves in the two-fold capacity of a thorough surgeon and an upright citizen.

The Boston Courier thus speaks of the newly appointed steward of this hospital, and the commendation of him we know to be well merited. "Dr. Jacob Mitchell, lately appointed to the office of steward in place of Capt. Bacon, deceased, is a worthy successor of that excellent man. Prompt and efficient, courteous and humane, and well acquainted with seamen from a long residence among them, a better selection could not have been made. No one will suffer under his management; and in the absence of a chaplain, he knows how to counsel and pray with the sick and dying. His excellent wife, no unimportant item in such a management, will ably second all his intentions for a faithful, humane and generous-minded management of the establishment."

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*Widows and Orphans of Physicians.*—What is the reason a meeting cannot be called, with a view to organizing an institution for the benefit

of the widows and children of medical men in Boston? We are numerous enough, in all conscience, to have a full roll of members. Such societies exist abroad, and there is one in successful operation in the city of New York. How many heart-aches might be prevented, if a charity fund were raised to meet those hard cases of honest poverty which are presented in the vicissitudes of professional life, where a woman is suddenly plunged into grief and penury by the death of a husband, before he had secured any thing for his family. Very melancholy instances might be collected, within the recollection of every professional individual in the city, of the once bright prospects and sudden downfall of a brother practitioner's family, the painful circumstances of which might have been essentially obviated by a medical charity fund. The rich would give liberally, were there a treasury to receive their offerings. As the older physicians among us have given no heed to a similar proposition in past years—for this is by no means the first time it has been suggested and urged upon the profession of Boston and its vicinity—it would redound to the lasting honor of the younger members if they would bestir themselves in bringing into existence this much needed, but too long neglected institution. In this ever-changing world, the families of many who perhaps feel secure in the abundance of their possessions, might be made both comfortable and happier at some future period, by the interest accruing on a capital that would gradually accumulate into a large sum, by regular, though small droppings from each one's pocket. Arguments might be adduced by the hundreds, were it necessary, to convince the medical brotherhood of the city of the immense utility of this measure. Who is disposed to make a beginning?

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*Almshouse Practice.*—Before the Massachusetts General Hospital had a being, medical students found our city almshouse the place to see practice. A better class of clinical practitioners were never reared in this ancient Commonwealth, than those thus taught. Whether students are as ambitious to go through the drudgery of almshouse study, as formerly, we do not know. It is certain, however, that it is a gross mistake not to embrace an opportunity of going a few months rounds in a large almshouse. Every thing in the form of human infirmity is there. Age and infancy are in juxtaposition; and the fine textures of youth, the friction of vital machinery in the old, with all possible shades in the maladies that beset man in his progress from birth to the grave, are constantly exhibited. The almshouse, therefore, is one of the best sources of medical knowledge that could be selected, even in these days of hospitals, and students will find it to their immediate, and certainly to their prospective advantage, to walk the wards of one in some part of their course.

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*Medical Profession of America.*—Dr. Mitchell, the distinguished professor of Theory and Practice in the Louisville School of Medicine, Kentucky, took up the fruitful subject of the medical profession of America, past, present and future, for an introductory. If those who heard are influenced by the sentiments of the learned gentleman who addressed them, their own high destiny is certain, and the honor, reputation and usefulness of those devoted to the alleviation of the bodily suffering of their fellow men, will be as boundless as human ambition can desire.



*Cincinnati Retreat for the Insane.*—Seven miles north of the queen city of the west, a magnificent private establishment appears to have been organized for the reception of the insane, under the charge of Edward Mead, M.D., whose references are sufficiently ample to satisfy those who may wish to place their friends under his charge. Fifty dollars is required to be paid in advance, on admission. The regular charge is five dollars a week, under ordinary circumstances; but when a special attendant is necessary or demanded, then ten dollars a week. Another private institution in the neighborhood of Boston, would be well sustained. All the public asylums for the insane, are spoken of as being over-crowded. Lunatics seem to be on the increase, with the increased fluctuations of trade, spiritual rappings, and the every-day turmoil of life in our country.

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*The Esculapian.*—Dr. Griswold's first number of a monthly Medical Journal, with this title, has been issued at New York, with a good prospect of success. The editor has struck out a new path, and consequently travels entirely by himself, without at all interfering with established medical periodicals. Wishing him well ourselves, we see no reason why he should not enjoy the confidence of the profession generally, and have the influence of the serial medical press in his favor. It is on a quarto sheet, in a cover, and the *Esculapian* has certainly a fine exterior. Of Dr. Griswold's capability, industry and learning, there can be no question; he has had experience, and, best of all, he exerts his whole strength to sustain and promote scientific practitioners, while the people are addressed in a language they understand.

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*Galvanism in Disease.*—By some mishap a scrap has been lost, cut from a neighboring publication, that spoke in commendatory terms of some very simple apparatus employed by Dr. D. D. Smith, of this city, for the treatment of neuralgic pains of the head, and other parts of the body. This mode of treatment is becoming interesting to physicians. Two pads, containing plates of zinc and silver, connected by a covered wire, allow a current to pass directly through any organ; and in low nervous headache, this new remedy is said to have produced the happiest results. Dr. Perry, of West Medway, Mass., an excellent practitioner, informed us, a short time since, that he had resorted to this plan with good success, and his confidence is unshaken in the value of this important agent in the treatment of some difficult maladies.

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*Franklin District Medical Society.*—Dr. S. W. Williams was elected president on the day of the annual meeting held recently. Dr. James Deane gave an interesting discourse upon the treatment of fractures of the thigh, whereupon a vote of thanks was bestowed upon him for it, and a request was made that he would deposit a copy of it in the archives of the society. An interesting discussion was then held upon the pathology and treatment of typhoid fever, in which all the members took an active part. The subjects for colloquies for the succeeding meetings this year are Pneumonia, Dysentery and Tetanus, on which subjects it is expected that every member present will take a part.

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*The New York Medical Gazette.*—Among the outward improvements which our cotemporaries of the medical press have undergone at the com-

ment of the new year, none have been more apparent than those made by Dr. Reese in his Medical Gazette and Journal of Health. Its former inconvenient shape, coarse paper, and tasteless display of miscalled ornamental type in the advertisements, have given place to a neatly printed and convenient octavo, which is to appear monthly, at \$2 a year. Dr. R. is a vigorous writer, a close observer, is industrious withal, and we have no doubt will impart a spirit to the Gazette which will make it extensively patronized.

*Medical Miscellany.*—A physician in Chicago has turned drayman, says a paper of that city. Doctors were too numerous for him to succeed in his profession, but by a change of business, he is now thriving.—Never, in the history of St. Domingo, has the yellow fever been so awfully destructive as at the present time.—It appears by the U. S. census, that the consumption of spirituous and malt liquors reaches the enormous quantity of eighty-six millions of gallons annually, equal to six gallons for every adult person.—At Linden, La., smallpox has become so extensively prevalent, that a public meeting of the inhabitants has been held with a view to the adoption of means to arrest its further progress.—Ohio has been remarkably exempt from sickness the past season. A few cases of well-marked typhus have been developed in the neighborhood of Dayton, of late, and also some bilious fever.—Dr. Charles H. Nichols, formerly Dr. Brigham's assistant at Utica, and subsequently superintendent of the Bloomingdale Asylum, near New York, has been appointed to the charge of the U. S. Government Asylum for the insane in the District of Columbia. Congress appropriated \$100,000 for the purchase of a site.—Smallpox is raging in an unparalleled manner in the Island of Cuba. 18,000 persons are represented to be down with it. It has appeared again in western N. York, and at various points in New England, within the last few weeks.—Dr. Geo. B. Wood's address on the occasion of the centennial celebration of the founding of the Pennsylvania Hospital, is much admired.—Further intelligence from St. Domingo confirms the very terrible prevalence of the yellow fever.—Dr. Samuel Lee Bigelow, of Boston, on taking the degree of doctor in medicine at Paris, delivered a thesis of great interest to science, which has been published, with lithographic illustrations, to be noticed hereafter.

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TO CORRESPONDENTS.—Dr. Page's account of Dengue, and Dr. Park's case of Tænia expelled by Kousoo, are on file for publication.

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MARRIED.—Dr. John Linn, Portsmouth, Va., to Miss S. A. Pease.

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DIED.—At New Lebanon, Ohio, Dr. John Thompson, 74.—Dr. David Long, of Darien, Genesee County, at the advanced age of 91 years. At the age of 15 he entered the Army of the United States, and was stationed in the vicinity of Boston.

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*Deaths in Boston*—for the week ending Saturday noon, Jan. 15th, 73.—Males, 33—females, 40. Accidental, 2—consumption, 16—convulsions, 4—croup, 3—chicken pox, 1—dropsy, 3—do. in head, 2—infantile, 7—erysipelas, 1—typhus fever, 3—scarlet fever, 13—fracture of skull, 1—hooping cough, 1—influenza, 1—inflammation of the lungs, 2—congestion of lungs, 1—disease of liver, 2—marasmus, 2—measles, 1—old age, 3—palsy, 1—suicide, 1—suffocation, 1—teething, 1. Under 5 years, 38—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 4—over 60 years, 7. Born in the United States, 50—Ireland, 17—England, 2—Norway, 1—Germany, 2—Br. America, 1. The above includes 5 deaths at the City Institutions.



*Gun-Shot Wound of the Heart — Death two weeks after the Accident.* By R. C. HOPKINS, Cleveland, Ohio.—An Irish woman, on the evening of the 9th of Nov., 1852, received a ball, from a pistol, of the size of a No. 2 buck shot. When I saw her about half past 6, P. M., she was in a state of extreme collapse, the pulse just discernible, quick and fluttering. The external opening appeared between the 5th and 6th ribs, of the left side under the arm. A probe took an upward and slightly inward course when an attempt was made to introduce one in the course of the wound. Quiet was enjoined and a cordial administered. In the morning reaction had commenced. On the 3d day signs of pleura-pneumonia were apparent, which continued with increasing severity until the 23d of Nov., when she died, about 2, P. M., just two weeks, less by four hours, from the receipt of the injury.

The *post-mortem* was made 26 hours after death, as follows:—Percussion over the chest gave a dull sound over the left side of the chest, including the entire sternum. When the sternum was raised the left cavity of the chest appeared full of bloody serum. The heart was pushed entirely to the right of the spine, and the right lung compressed behind it. The left lung was so completely hepatized as to sink at once when placed in water. The opening made by the ball into the chest was found between the 4th and 5th ribs of the left side, about  $2\frac{1}{2}$  inches from the articulation with the cartilage. The fifth rib was fractured, and a small piece split from its upper edge. The ball we found lodged in the apex of the heart, having penetrated so that when the left ventricle was laid open the ball was just seen protruding. No cyst had formed around it, and no other evidence of inflammation of the heart or pericardium was apparent.—*The Ohio Med. and Surg. Journal.*

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*New Mode of employing Iodine.*—M. HANNON has suggested, that when iodine is to be applied to a local tumor, as to a goitre, it should not be rubbed in at once—a practice which often irritates the skin excessively—but that it should be placed between two layers of cotton wool, sewed in a bag, and tied directly over the part. The vapor of the iodine rapidly penetrates through the bag, and stains both the skin and the linen. To prevent this, a thin sheet of gutta percha or gummed silk is placed over the bag. It is indispensable to put the iodine between two layers of wadding; if placed merely in a bag, it passes through and blisters the surface like ammonia. Applied in this way, iodine enters the system with great rapidity, and appears in all the excretions.—*Med. Times and Gaz.* from *Presse Médicale.*

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*Chromic Acid as an Escharotic.*—This acid is recommended by Dr. Heller, a German physician, as a useful escharotic in severe cases, when properly and judiciously used. According to his experiments, all organic compounds are soluble in the readily deoxidizable chromic acid; the smaller animals, such as mice and birds, were so completely dissolved by chromic acid in the space of fifteen or twenty minutes, that no traces even of their bones, skin, hair, claws, or teeth could be discovered; so that it would appear that this metallic acid is not only a safe and gradual escharotic, but furnishes us with another rapid and efficient solvent for organic animal matter.—*London Journal Medicine*, Sept. 1852, from *Annals of Pharmacy.*

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JANUARY 26, 1853.

No. 26.

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### REPORT ON INTERMITTENT FEVER IN CHELSEA.

[The following Report was read at a meeting of the Suffolk District Medical Society, held October, 1852, and ordered to be printed.]

The committee appointed to report on the subject of intermittent fever, as it has been said to exist, and to have originated, at Chelsea, present the following as the facts in the case, so far as the committee has been able to learn them, after making diligent inquiry of all the physicians resident in the vicinity.

Immediately after their appointment, the committee addressed a circular to Drs. Chase, Forsyth, Otis and Toomey, of Chelsea; Buck, of Boston; French and Gould, of Malden; requesting information upon the following points:—

1st. Whether they had ever seen or heard of another physician visiting a patient affected with intermittent fever, which had arisen in the neighborhood of Chelsea;

2d. Whether they had seen or heard of any anomalous fever, or any cases of severe dysentery, in the same locality;

3d. Whether any data existed, wherefrom one could learn the hygienic effects produced by the exclusion of the salt water from a portion of the territory belonging to the Winnisimmet Village.

Subsequently, letters were addressed to Drs. Hooker of East Cambridge, Sullivan of Malden, and Poole of Chelsea, &c., and the committee have received letters from, or have had personal interviews with Drs. Buck, Forsyth, Hooker, Poole, Sullivan, Toomey, Nye of Lynn, and Reynolds of Gloucester.

The information and results thus obtained, divide themselves into three classes.

First. The physical history of the spot supposed to have given origin to intermittent fever; with an examination into its present condition.

Second. The actual facts bearing upon the question of the origin of intermittents there; also other facts relative to dysentery, to which Chelsea seems more subject than other towns are.

Third. Some reflections upon the whole subject.

On these topics and in this order the committee will proceed to give the results of their investigations.

Winnisimmet Village is chiefly built upon a hill of gravel, similar to



those found in such numbers along the coast of Massachusetts Bay. It rests on a clayey bottom, and originally (i. e., before the erection of the dam to be hereafter described), at high water, formed a kind of peninsula, the chief eminences being Mount Bellingham and the lands occupied by the United States Naval and Marine Hospitals. Continuous with it, is a chain of four or five similar though somewhat loftier hills, running to the northwest and west, so as to almost completely invest, as with an amphitheatre, a tract of marshy ground, two hundred and seventy-five acres in extent, which lies to the west of the village, between it and Malden. The accompanying map, reduced by the committee from one made for the Land Company in 1846, will show this tract; the high-water mark showing its exact outline. On the eastern side of the village high-water mark may be in like manner seen. From these statements it will be perceived that the territory, above described as lying between Malden and the village, occupies a space quite equal to the whole of the original village lot.

In the year 1789 a charter was granted to a company, of which two eminent members of our profession\* were among the chief associates, and whose object was to improve the marshy tract we have just referred to. To do this, they were empowered by the Legislature to build a dam on the spot where the present dam stands. They hoped to render the marsh capable of bearing good English hay, by thus shutting off the salt water. Accordingly the dam was built; but like many other speculations, it seems to have been a complete failure, and after vainly endeavoring to reduce the tough salt hay to some of a milder texture and of a more luxuriant growth, the project was abandoned. In 1816 the salt water was again allowed free access to the marsh, and this state of things continued until 1845, when, under the old act of 1789, the Ferry Company repaired the dam and again wholly shut off the sea, not for the purpose of cultivating the soil, but to bring it into the market for building lots.

It would have been interesting to learn whether any malarious influences were exerted during the interval between 1789 and 1816. The committee can give no answer to the question. It seems probable, however, that no intermittent fever was actually excited in any individual; *first*, because we have no record or tradition proving that idea—and *second*, because the number of residents near the spot was very small; so that if malarious influences existed, to a slight degree, it might have failed to find an object of attack. The following statistics, given to the committee by Mr. Fenno, the agent of the Winnisimmet Company, will show the small number of inhabitants in Chelsea formerly, and their very rapid increase during the past few years. In 1822 (i. e., twenty-three years before the *second* closing of the dam) there were 3 houses and 20 inhabitants. In 1850 (i. e., five years after that closure) are 1037 houses and 7636 inhabitants. And most of this increase has been recent; for the population, according to the census, has more than trebled since 1840.

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\* Drs. Danforth and Dexter.

The present condition of the land, cut off, as we have stated, from the sea for building, is as follows. The channel of the old river, marked by the interrupted lines on the map, can be easily traced throughout its whole course. It generally contains stagnant water. This is quite salt in its taste near the dam, but the farther we go from this part, the more brackish it becomes, until finally it is nearly or quite fresh. Some of the numerous springs, which flow from the surrounding banks, are quite warm; one of them never falling, even during winter, lower than 51° F. One of the committee examined the whole marsh during the middle of a day in July, 1851, and he made the following observations upon it. He found the bed of the channel as described, in some places for a long distance containing water; in others there were simply small pools. Most of these last were composed of dirty water, covered with a filthy scum, festering under the noon-day heat. Very few of them, however, emitted any perceptible odor. None of them completely filled up the banks of the river, and these last, wherever seen, were studded with the shells of dead mollusca, which were slain by thousands when their native element was shut off from them. Some of the pools adjacent to the dam had small fish in them. Usually there was nothing but the algæ, above described, on their surfaces; and near the edges of some, a coarse kind of grass was growing. Some pools were two or three feet deep. Others were two or three inches only, while, finally, the remainder were either wholly or in part dried up. In the former case they presented the aspect of a black, soft mud, with here and there a little water just preparing to be evaporated. In the latter was found a coarse, hard-baked, fissured surface. Between the branches of the channel, the soil was of a porous, elastic nature, on which was growing, sparsely, a kind of mongrel grass, between salt and the more delicate English grass, and the surface was with much difficulty traversed by the pedestrian in consequence of the frequent changes from water to mud, &c. Very little has, as yet, been done by the Company, except that a few roads have been built, but nothing towards levelling the district; and it seems to be the intention to leave this to be done by the gradual process of building. Comparatively few houses have been erected on the Malden side, and Gerrish's block (No. 3 on map) built two years since, is the actual (1851) limit of houses on the Chelsea side. This block was, till within a very short period, the only fine brick building on the place. All the rest were small, wooden tenements. But several large ranges of brick are now in the process of erection between Gerrish's and the village. It may be safely asserted, however, that seven eighths of the tract of land is still uncovered and in the condition above described. The Grand Junction Railroad runs through its centre, and the intention of the proprietors of it is to have a station-house upon the place.

The committee have dwelt, in this full manner, upon the past and present condition of the land, because they felt that such record was necessary in order to a full comprehension of the medical topography of the district, and in order that we have accurate data wherefrom to judge of the hygienic influences that have already been exerted, or may



hereafter arise in consequence of the peculiarity of the spot—which within twenty years will probably be covered with a dense population.

We now proceed to lay before the Society the second portion of our subject, viz., the actual facts bearing upon the question of intermittent fever having originated at Chelsea, and likewise other facts relating to the existence of dysentery.

And, first, in regard to intermittent fever, the committee believe that the following observations presented by Drs. Buck, Sullivan and Toomey, fully prove that this disease, or true fever and ague, has been excited since 1845, and probably by the present condition of the land; and, likewise, that the effects of the malaria still remain. To prove this, the following cases are presented.

CASE I. (under Dr. Toomey's care). A. B., æt. 21, never out of Massachusetts, or, that she is aware of, in any malarious region, resided at block marked 4 on the map; i. e., on the marsh, below the level of high-water line. Dr. Toomey saw her about May 14, 1847. She then miscarried, at the third month of pregnancy, and she continued doing well until 30th, when she was seized with a severe ague fit, lasting over an hour, succeeded by the hot stage, and finally by sweating for two hours. Dr. T. did not see her during this paroxysm, but requested to be called, if another occurred. The next day this actually happened, and patient was found complaining of chilliness along the spine, difficult respiration, acute pain in the temples and small of back; the countenance was pale, the skin dry and rough; tongue coated. A similar paroxysm continued to recur daily until June 11th. The treatment from June 2d, was a grain of quinine every two hours. On 12th no paroxysm occurred. It returned, however, on the 13th, and continued daily until middle of July, when it ceased.

Dr. T. regarded this case as one of true intermittent fever, occurring in a woman in good health before her abortion. The patient believed that her place of abode was unhealthy. Subsequently, she removed to No. 5 on the plan, but from that period she has been liable to a return of her paroxysms on taking cold. For these she uses quinine with relief.

CASE II. (attended by Dr. Buck). B. C., æt. 8 years, and who has never been farther from home than Salem, and who was residing at a spot (marked 6 on plan) about fifteen rods from high-water mark, and on the old country road leading to Salem, was seen by Dr. Buck, Oct. 1, 1847. He had been languid and cold for a few days; and after two or three visits, Dr. B. learned that he had had, on the day preceding, a severe chill, followed by heat and sweat. In order to be certain of its character, Dr. B. visited the patient at the usual hour of his chill, viz., at 11, A.M. The usual appearances of a paroxysm of fever and ague occurred, two or three days. It was of the quotidian type, and the patient was quite well in the intervals. Having satisfied himself of the nature of the complaint, Dr. B. prescribed quinine and morphine. One very slight paroxysm occurred afterwards, and the patient was well in five or six days.

The committee present this as another undoubted case of intermittent, whose origin was at Chelsea, and probably from miasmata arising from the adjacent marsh.

CASE III. (under Dr. Toomey). Dr. T. was riding to Malden, some time during the autumn of 1847, and while within the confines of the marsh near Malden, he was asked to prescribe for an Irish laborer who lived in a small house, situated at No. 2 (map). This house was built between two curves of the old channel of the river, and several hundred feet below the line of high water. Dr. T. learned that he had had, for several days, regularly intermittent paroxysms of chills, heat and sweat. Quinine was prescribed, with the direction that unless he got well he should call again on the physician. Dr. T. did not again hear from the patient, and no tidings could be gained of him. At the suggestion of the committee, Dr. Toomey made some inquiries about him, but he had left for parts unknown.

The committee are disposed to regard it as a case of intermittent. It is not, moreover, perfectly certain that it arose from the marsh; but inasmuch as he was a laboring Irishman, the presumption is that he had not travelled much in the interior of the country, so that the disease probably originated near the spot where he was taken with it.

CASE IV. (under care of Dr. Buck). This patient was a Scotchman, æt. 30, a workman in the dye-house at Malden. He had lived near the marsh for five years, and had not been in an intermittent fever country. When taken, he was residing on the margin of the marsh below high-water mark (No. 1, map). He had been seized with chills, heat and sweats, and had been liable to them for two or three months. When Dr. Buck was called to him, he was residing at Malden, about a mile and a half from the above-named place. Dr. B. sought, in vain, for some local disease to explain his accesses of intermittent fever. It was of the tertian type. Two grains of quinine, and one quarter of morphine, once in six hours, were ordered. Only one chill occurred afterwards, during Dr. B.'s knowledge of the case. He, however, after some months, fell under the care of Dr. J. L. Sullivan, of Malden. From the letter of this gentleman, it appears that, having had a relapse from the same difficulties, the patient had finally returned to Scotland. Whilst under Dr. S., the type was the same as before, and, at times, the fever caused delirium.

These are all the cases of fever and ague that the committee have been able to hear of, that seem to have arisen from the miasm of the marsh. About three of them, there can be no doubt; and of the fourth (No. III. in the list), when taken with the others, and with the direct evidence of Dr. Toomey, there seems to be but the slightest degree of doubt.

It will, therefore, be observed that from May, 1847, until now (Nov. 1851), i. e., from within two years after the reëstablishment of the dam, cases of genuine fever and ague have occurred within or near the limits of the former marsh. The small number of cases may seem to render these results of little moment in their relations to science or public hygiene. Your committee cannot view the subject in this light, because, first, these are the only well-authenticated cases of intermittent fever, that have originated in the vicinity of Boston. In this remark the committee, of course, exclude the very interesting fact reported by



Dr. Holmes,\* on the authority of Dr. James Jackson, to have occurred in Boston, and about which there may be a reasonable doubt whether it were a case of genuine intermittent fever.†

*Second.* These facts become interesting from the very grave suggestions they afford as to the healthfulness of the spot as a place of residence. It will be remembered that the whole has been laid out for sale as house-lots, but that, as yet, only a small part of it has been built upon. The question may arise, what will be the effect of this marsh upon the future health of Chelsea. It seems impossible to do more than speculate upon the probable result. Doubtless, when all the bed of the river has been filled, complete drainage has been established, and the land shall be covered with good substantial dwellings, the probability is that the cause of intermittent will subside; but the Society will be able to judge, as well as the committee, what are the prospects before that time. There will be many alternations of heat and of moisture, before that period will arrive. Watson‡ says these alternations, on such a soil, are most favorable to the production of fever and ague. Time alone will determine the question in the present case.

The indications in the case of any particular patient, who, in that region, tends to have any periodical attack, is undoubtedly an early removal from the town; for it will be remembered that A. B. still suffers from attacks of intermittent fever, although she removed a long time ago from the immediate neighborhood of the marsh. Similar suggestions arise from the case of the Scotchman (Case IV.).

In regard to the second part of their inquiry, viz., whether any severe dysentery has prevailed in Chelsea, and in the vicinity of the marsh, the committee have some important facts to communicate.

Dr. Toomey states that in the year, 1847, i. e., two years after the dam was closed, he saw more fatal cases of dysentery than he has seen before or since.

Dr. Forsyth, entering more into detail, writes thus:—"During the years 1848 and 9, dysentery prevailed to an unusual extent. In 1848, it seemed more fatal on the south side of the marsh than in any other part of the village. In some families, several individuals were sick at the same time, and, in one instance, three died in one family within forty-eight hours. The north side, which is in Malden, was that year exempt. In 1849, malignant dysentery visited every house, or nearly every one, bordering on the marsh on the Malden side, and was very fatal; the young, the aged, and the infirm falling victims, while the middle aged and vigorous recovered after a prolonged and severe illness. In some cases, congestion of the capillaries took place in twelve or twenty-four hours after the attack, followed by collapse and death in two or three days, without sufficient evidence of a drain upon the system to account for it." Since that time, according to Dr. F., Chelsea has been quite healthy. The same gentleman likewise incidentally states that,

\* *Indigenous Intermittent Fever of New England*, page 84.

† Since writing this, the committee have been reminded of a case of intermittent fever reported by Dr. W. H. Thayer, as having originated in Boston. [See Appendix.]

‡ *Lectures*, Am. Ed., p. 404.

though malignant scarlatina has prevailed in the higher lands of Chelsea, the low lands have been almost wholly exempt from the severer forms of it.

From these statements it would appear that, within three years after the closure of the dam, very malignant dysentery prevailed in the neighborhood of the marsh. We might possibly have inferred that such would be the fact, from similar results recorded by Dr. Holmes in his admirable treatise\* already mentioned (pp. 75, 102), also that reported by Lemuel Shattuck.† Our inference would be wrong, however, if we should suppose that the malignant dysentery, described by Drs. Toomey and Forsyth, was occasioned wholly by the sudden re-closure in 1845. In table No. 1 (below) we see that in 1848 and 9, this disease prevailed throughout Massachusetts, and that in 1849 the State at large and Gloucester suffered about as much as Chelsea, and that Lynn really lost more persons by dysentery than any other place recorded in the table. An epidemic, in fact, was sweeping the State; and although, as we shall see, the dam has probably been producing, for several years past, a dysenteric atmosphere about Chelsea, the final closure of it was not the sole cause of the disease described by the above-named gentlemen.

TABLE I.

Year.	MASS.			BOSTON.			CHELSEA.			LYNN.			GLOUCESTER.		
	Whole No. Deaths.	Deaths by Dysentery.	Per centage.	Whole No. Deaths.	Deaths by Dysentery.	Per centage.	Whole No. Deaths.	Deaths by Dysentery.	Per centage.	Whole No. Deaths.	Deaths by Dysentery.	Per centage.	Whole No. Deaths.	Deaths by Dysentery.	Per centage.
1841							61	7	11.4						
1842	9544	213	2.2				100	5	5.0						
1843	10684	274	2.5				64	6	9.3						
1844	8838	120	1.3				94	8	8.50						
1845	8844	200	2.2				58	†		200	1	0.5	121	0	
1846	9350	122	1.3	3086	52	1.6	68	11	16.1	205	5	2.4	139	1	0.7
1847	11063	410	3.7	3853	222	5.7	110	13	11.8	253	0		160	9	5.6
1848	11346	1074	9.4	3664	278	7.5	110	26	23.6	207	5	2.4	144	13	9.0
1849	20062	4580	22.8	5079	277	5.5	175	40	22.5	310	117	37.7	181	41	22.6
1850	16606	1183	7.1	3667	136	3.7	126	23	18.2	288	21	7.2	214	20	9.3
To Dec 1851							116	9	7.7	263	9	3.4	163	15‡	9.2
Totals.	105837	8181	7.06	19349	965	4.9	14800	982	15.07	1726	158	9.1	1122	99	9.1

A glance, however, at the same table will show that during the interval from 1842 to 1851 inclusive, Chelsea has, with one or two exceptions, always had a vastly larger proportion of deaths from dysentery

\* On Intermittent Fever in New England.

† Report of Committee on a Sanitary Survey of the State.

‡ None reported.

§ This number is doubtless too large. See Dr. Reynolds's letter on the subject.



than Massachusetts, Boston, Lynn or Gloucester. By the totals of all the years, this becomes still more manifest. From them we perceive the per centage of deaths by dysentery in Massachusetts, Boston, Chelsea, Lynn and Gloucester, compared with whole number of deaths in each. The table was made from the State and City Registrations, and from letters from Drs. Toomey, Nye and Reynolds. The committee cannot pretend that, in all its details, there may not be some errors; but, according to the doctrine of chances, these errors would not be so much against Chelsea, on all occasions, as they appear from the table.

Some may ask, whether the dam is really a cause, since dysentery seems to have prevailed before the second complete closure in 1845. The committee, however, do not adopt this view, but believe that the obstruction to the free flow of the salt water over the marsh, caused by the dam, even when imperfectly closed, has been sufficient to produce the effect. For it should be remembered that the major part of this obstruction has existed since its first erection in the last century, and that only a comparatively small outlet, through the central gate-way, has been allowed since 1818. It is evident, therefore, that very great restraint must have existed to the flow or ebb of the tide, although no positive re-closing took place till 1845. The result, at which the committee thus arrives, viz., that Chelsea is peculiarly predisposed to dysentery, suggests the importance of future investigations upon the same subject; and it is hoped that the physicians resident there will bear it in their minds during their daily practice, and report to the Society thereupon.

It would be wrong, however, to infer from these facts that Chelsea is absolutely a more unhealthy spot for a residence than other towns. There would be no reason for such an assertion. Perhaps these very malarious influences may prevent some other diseases from being so prevalent as they would otherwise become. The next table (No. 2), obtained from the sources above named, may throw some light on this subject.

TABLE II.

<i>Per centage of Deaths, annually, to the whole population of</i>					
DATE.	MASS.	BOSTON.	CHELSEA.	LYNN.	GLOUCESTER.
1842	1.09	2.33	3.31		
1843	1.32	1.95	1.04		
1844	1.02	1.89	2.47		
1845	1.03	2.04	1.12	1.73	1.71
1846	1.06	2.59	1.41	1.70	1.93
1847	1.20	3.10	2.04	2.01	2.18
1848	1.20	2.84	1.65	1.57	1.92
1849	2.06	3.79	2.57	2.26	2.02
1850	1.66	2.64	1.65	2.02	2.70
Avr. ann. per cent'ges	1.29	2.57	1.91	1.88	2.07

From this table it appears that, during the period included between 1845 and 50, Chelsea, though less healthy than the State at large, was more healthy than Boston; and quite equal, to say the least, to Lynn and Gloucester. By the average annual per centage, Chelsea stands in the centre of the five.

*General Summary of the Facts contained in the Report, and the Inferences therefrom.*

*First.*—In 1789 a dam was erected at Chelsea, whereby the salt water was cut off from two hundred and seventy-five acres of land adjacent to the village. From this period until 1816, various ineffectual endeavors were made to reduce this tract to cultivation. Finally, this plan was given up in despair, and the water again allowed to overflow the land; but of course it could not do so as easily and effectually as before, owing to the fact that there was only a narrow sluice gate through which the tide was compelled to ebb and flow. In 1845 the gate was again closed, and has remained so ever since, whereby the old bed of the river and a large space of porous earth were left exposed to the rays of the sun and with a southern exposure.

*Second.*—It has been proved that certainly three, and probably four, cases of genuine fever and ague have arisen either on, or very near, the edge of the partially dried up marsh, and this since 1845, when the dam was finally closed. As these are the only well-authenticated cases\* of indigenous fever and ague in this vicinity, and as similar results from similar causes have occurred elsewhere in Massachusetts, we infer that the dam has been the exciting cause of their appearance.

*Third.*—Chelsea has been more liable to dysentery than other places, as far back as any statistics will carry us, and since 1845 this tendency has been augmented. From these statistics we learn that Chelsea is about three times as subject to the malady in question as Boston, and twice as much as the State at large, Lynn and Gloucester.

*Fourth.*—Notwithstanding Chelsea is thus subject to the influence of fever and ague and dysentery, it is not a more unhealthy place of residence than the other towns with which it has been compared. The statistics of table 2 prove this.

*Fifth.*—May not the curious fact that Chelsea is more liable to fatal dysentery than other towns, while, at the same time, its annual percentage of deaths to the population is only equal to, and in some respects less than, the annual percentages of these same towns; may not this fact be an illustration of the great law of compensation which governs the liability of communities and nations to disease and death? Does it not point to the inference that while certain influences tend to excite certain diseases, these same influences may check the development of others?

*Sixth.*—One final inference, of a very evident and practical character, the committee would make in concluding their report. It is as follows—Whenever any patient in Chelsea seems to have a tendency to diseases of an intermittent type or to dysentery, it becomes the duty of the medical attendant to think of the propriety of removing him from the deleterious influences exerted on him.

HENRY I. BOWDITCH,  
JOHN WARE,  
EPHRAIM BUCK.

February, 1852.

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\* See exceptions to this. [See Appendix.]



## APPENDIX.

After this report was presented to the Society, the committee were informed of the following very important case. By the kindness of Dr. W. H. Thayer, the committee are enabled to present it, as drawn up by him from his original notes.

Sept. 30, 1850.—John Mason, æt. 12. School-boy. Eliot st. Has lived with his present guardian since six months old. Birth-place unknown. Has not been out of city over night since 2 years old. Always lived where now does, between Washington and Tremont sts.

Rather puny. Witnessed display of fireworks on 18th inst. on the common, sitting on the ground. The evening was too cool to sit in the house with open window, and there was a dense fog. The next day, having been previously well, had a chill in the afternoon, followed by heat, and that again by sweating. The next day (20th) he visited the Mechanic's Exhibition, was much fatigued, and had a more severe exacerbation of the same character than the day before.

The same attack has been repeated every day since, the chill being from 5 to 6½, P.M., followed by great heat, which ends by profuse sweating at 11, P.M. With the paroxysm comes headache, pain in neck and across small of back. At the first attack he had nausea—none since. He has lost strength and appetite, is very thirsty during heat; is up all day.

Now—Sept. 30th, 1, P.M. Up and dressed. Pale; cool; p. 70; tongue nearly clean; has no pain. During paroxysm, has some cough, which gives him a little pain in chest. None now. Nothing abnormal discovered on auscultation. Has taken a cathartic since first attack. No other treatment. One dejection daily. R. Quinæ sulphatis, gr. jss.; acidi tartarici, gr. ʒ. M. Three times daily, avoiding paroxysm. Cold sponging during heat.

Paroxysms occurred as usual on the 30th of Sept. and first of October. On the first, without any pain in neck and loins.

On the 2d October, chill from 9¼ to 10, P.M., followed by heat till 2, A.M. Pain in neck and back severe. On the 3d October, no chill—but heat from 1 to 5, A.M. of October 4th. Quinæ s., gr. ij. four times daily.

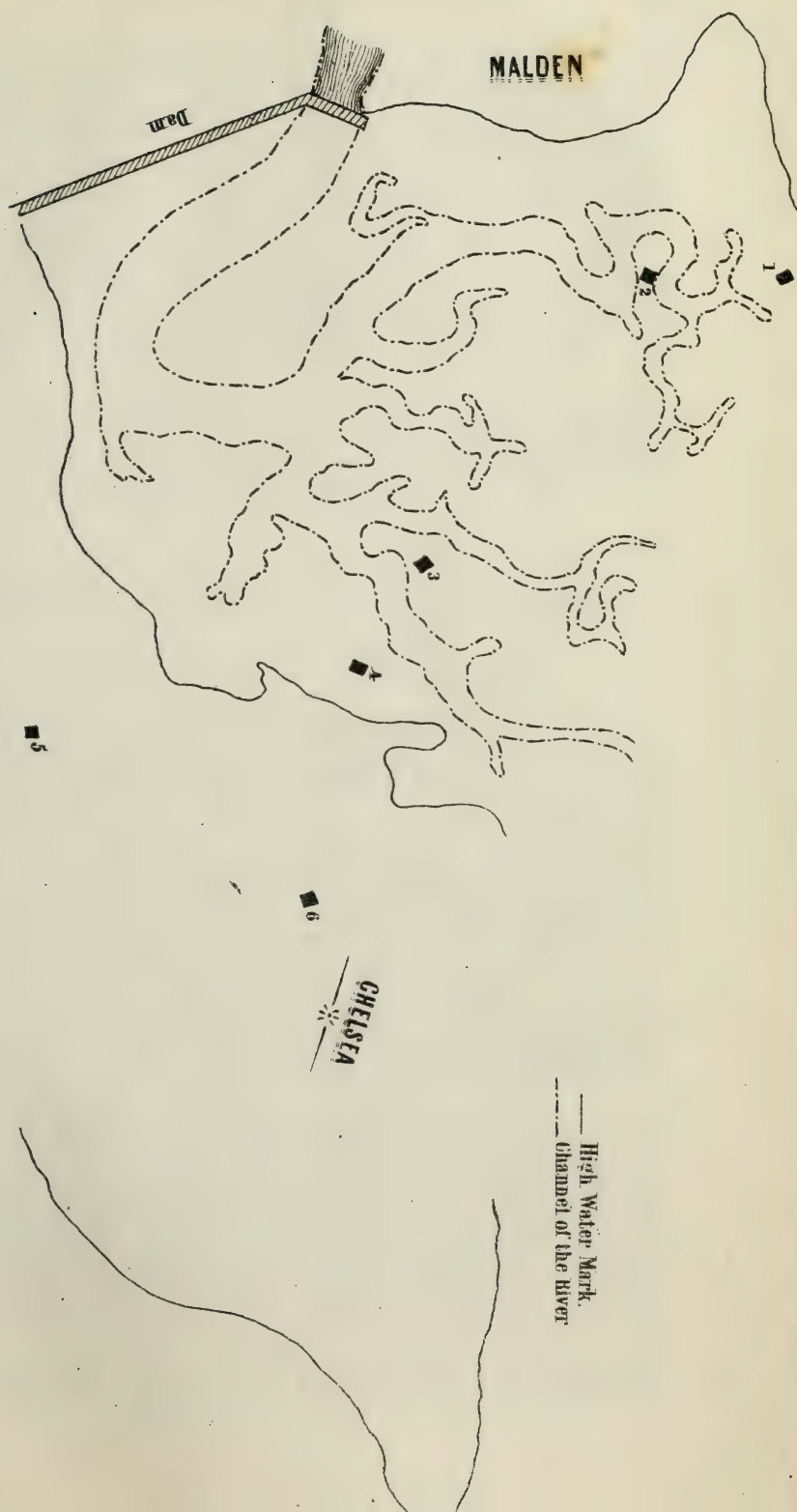
Oct. 5th.—No chill nor heat. Sweating began at 2, A.M. and was profuse.

6th.—No chill, heat nor sweat. Feels well. Spleen cannot be felt; no tenderness over it. There was some tenderness across upper abdomen at the first visit, but spleen was not searched for. One dej. daily. Pill three times a-day.

9th.—No chill nor heat since last visit. Sweats freely every night, but this is his habit. Is at school. Mother reports him very well. Omit medicine.

By the following still more curious document, brought to the notice of the committee by Dr. Z. B. Adams, we have undoubted proof that genuine intermittent fever formerly prevailed, and was quite fatal on some parts of the eastern shores of Massachusetts.

These data are extracted from a diary kept by the Rev. Noadiah







Russell in 1682 and 3, while a tutor at Harvard College. By the College Catalogue this gentleman appears to have received his degree of A.B. in 1681. He died in 1713. When writing his diary of everyday events, he scarcely could have hoped to have been the means of illustrating the history of disease in New England. The original diary, fragments of which alone remain, is now in the possession of his descendants, and has been recently published. (See Drake's New England Historical and Genealogical Register, &c., January, 1853, page 53.)

"16th day 6 month (Aug 16, 1682) \* \* The next day being  
"Fryday I went to wait on some company to Lynspring where for com-  
"pany's sake drinking too much cold water I set myself in an ague wch  
"came again on Sabbath day and Tuesday.

\* \* \* \* \*

"10 6 (Aug. 10, 1683) Samuel Gardner a student of ye College, of  
"2 years standing prompt for learning exemplary for piety and So-  
"briety died at Salem of ye feaver at which time many were visited with  
"ye feaver and ague which was very mortal."

## DR CARPENTER'S VIEWS OF THE RESPIRATORY FUNCTION

BY E. LEIGH, M.D., TOWNSEND, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

DR. CARPENTER is one of the few and more recent physiologists (referred to on page 437 of this Journal), who have freely extended their comparisons into the inferior divisions of the animal kingdom. The earlier editions of his works on "comparative" and "human" physiology were marked by this characteristic, and are indebted to it for much of their merit. Yet, after all his comparisons of the higher and lower animals, he treats of this function merely as a calorifying and decarbonizing process. He barely *alludes* to the fact that oxygen is also necessary to give the blood its power to nourish and stimulate the tissues—that, without it, this fluid is not fit for its normal action.

But in the third edition of his "Comparative Physiology," 1851, he has availed himself much more largely of the respiratory phenomena observed among all organized beings, and his conclusions correspond to a considerable extent with those of the essay on this subject recently published in this Journal.

He shows (§ 441) that the "crude aliment must be exposed to the air before it is fit for its ultimate purpose," and that which has once passed through the tissues must undergo a similar process to restore it to its proper condition;" that the "presence of oxygen is necessary to the active performance of the animal functions by the nervo-muscular apparatus;" see also § 451—that it is "essential (§507) to the changes of the tissues in the development of muscular force and nervous energy"; and is "one of the conditions (§235) of muscular contraction"; see also §236.

In §§67, 494, 509, and elsewhere, he treats very *fully* upon this sub-



ject, showing that oxygen has a direct and most important agency in the processes connected with the growth of the tissues, their decay and reconstruction, as well as with the development of muscular and nervous activity (why not of *all* vital action ?)—showing also that its presence and influence is necessary to the generation and transformation of the organic compounds contained in the circulating fluid and constituting its nutrient material, and he refers to the conversion of starch into sugar, and of albumen into gelatine, as instances. Speaking of this use of oxygen, he considers it (§67) as properly entitled to the name of *food*.

Such views of the nature of the respiratory function are of the highest importance, and will be more fully developed in their scientific and practical relations, as the functions of all animals are more extensively and thoroughly investigated—the phenomena, thus observed, more carefully compared—and their significance more deeply studied, in their relations to life, health, disease, and restoration.

### OSSIFICATION OF THE PLEURA.

BY SAMUEL W. JONES, M.D., LEBANON, ME.

[Communicated for the Boston Medical and Surgical Journal.]

ON the fifth day of this month I was called upon to make a post-mortem examination of a patient who, it was said, had been for several years laboring under an organic affection of the heart. Upon removing the anterior parietes of the thorax, I at once perceived that the left cavity of the pleura was enormously distended with some kind of fluid. The heart was pressed far out of its proper location, and occupied about the same position on the right side as when in a healthy state it should have done on the left. By a careful and tedious process of dissection, I was enabled to break up the adhesions and separate the pleura costalis from the ribs on the left side, and from the diaphragm below, and remove the sac entire from the thorax. After its removal I found the lung belonging to that side attached and strongly adherent to the superior and internal part of the sac. The lung was nowhere more than one and a half inch thick; was entirely impervious to air, and completely, throughout, *hepatized*, or, perhaps, to speak more scientifically, *carnified*. Its circumference of attachment to the distended pleural sac was in diameter about four by five inches. The sac was everywhere very much thickened and very firm and strong, and had upon its inner side a deposit of what I supposed to be coagulable lymph in an unorganized state. This deposit was thick all over the inner surface of the sac, being about one line in thickness. I had no means of applying to this deposit the microscopic test, so that I am unable to speak with certainty as to its nature. The sac contained five quarts, by measure, of a slightly yellowish fluid, having a very few flakes of a coagulable matter of some kind floating in it. That part of the sac to which the lung was adherent was *strongly ossified*, so that it could not be easily cut with the common scalpel. A few other spots of ossification were found in different portions of the sac.

There was a very small quantity of fluid found in the pericardium. The heart showed no signs of disease, with the exception, perhaps, of a very small amount of hypertrophy. Its openings and valves, so far as I could discover, were in the natural and healthy condition. The right lung was much smaller than natural; and though capable of being inflated to some extent, showed marks of both recent and long standing disease. To the inferior half the pleura was adherent from the effects of inflammation which probably had taken place some time ago. The upper portion of this lung was in a state of recent inflammation, which probably was the closing scene of diseased action in the life of this man.

What struck me in this case as being interesting and unusual, was *the very large amount of the accumulated fluid* and the ossific deposit in the pleura. I have no recollection of seeing any case of ossified pleura reported in this country. I believe Dr. Watson, of England, has such a specimen in his possession.

Always feeling an interest in, and having a desire by what little means I may have in my power to contribute to the stock of knowledge belonging to the profession, I send you the foregoing, of which you will please make such use, if any there can be made of it, as you shall think proper.

Never having seen the patient before his death, I am also unable to give you a history of the case. I should, however, hope, if I had had the opportunity of seeing it before death, that I should have been able to have made a diagnosis a little nearer the truth than the one which is said to have been made in this case.

January 8, 1853.

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#### DR. BOND'S SPLINT FOR FRACTURE OF THE RADIUS.

[WE give, below, some of the directions presented by Dr. Bond to the Philadelphia College of Physicians, for the use of the splint referred to in this Journal of the 12th inst. It may be well to mention that Dr. Hays suggests, in the last number of the American Journal of the Medical Sciences, a substitute for the splint of Dr. Bond in fractures of the lower end of the radius. He thus describes the simple manner in which he has made it. The cover of a cigar box being cut into a proper shape, a double layer of cotton wadding was laid over it. A strip of muslin, six yards long and three inches wide, was rolled up to within two yards of its end, and then a pin placed at each edge, not opposite to each other, but one a little nearer to the end than the other, so that the roll made, with the straight piece, an angle, the same as that made by the bottom of the splint with its front edge. The roll was then placed on the end of the splint, the strip carried over the back, then turned over the front, over the roll, and again to the back, when the angle gave to the strip a direction which carried it over the edge and in front of the roll to the opposite edge. The strip was then continued over from edge to edge until the whole splint was covered. The following is Dr. Bond's account of his apparatus.]

1. With a light board, of proper thickness for a splint, take a profile



of the well fore-arm and hand of the patient, placing the hand in its habitual inclination towards the ulnar side of the arm, and extending the profile from the elbow downwards, so that it shall reach the second joint of the fingers on the inside, when these are moderately flexed—as much flexed as they are when the points of the thumb and fingers are brought into contact. The lower end of the board must be cut off obliquely (at an angle of fifteen or eighteen degrees) in a direction corresponding with that of a body grasped in the hand, when the hand is inclined to the ulna, as above indicated.

2. Cover the board, thus prepared, with sheeting, or other strong fabric. This may be done by winding around it, from end to end, a narrow rolling bandage, covering all of it as nearly as may be, with few or no duplications. This is the most expeditious method. A neater one is to cut a piece of sheeting, of the general form of the board, but extending beyond the board on every side, and fastening it upon the board either by a few stitches, drawing towards each other the overlapping edges, or gluing down those edges upon that side of the board which is to be towards the arm, and which edges are to be covered with the pasteboard.

3. Prepare a block of soft, light wood, from seven eighths to eleven eighths of an inch thick, and from two to two and a half inches wide, according to the size of the patient's hand, and of a length corresponding with the width of the board in the palm of the hand. This block is to be carved and rounded, so as to adapt it to the form of the hand, and make it easy for the thumb, and in the grasp of the hand when it is placed on the board. It is to be fastened there by screws or nails, so that the remote edge of it shall correspond exactly with the lower oblique end of the board.

4. Upon that part of the board not covered by the palm-block, fasten, by means of small carpet tacks, a piece of book-binder's pasteboard, extending on each side beyond the edges of the board about an inch. If the pasteboard be very thick and stiff, make a slight incision in it along the edge of the board, in order to bend more easily the two projecting portions of it, thereby making a kind of box for the lodgment of the arm.

It seems to me that this splint, or one constructed on the same principles, will meet the above-mentioned indications in the following manner:—First, The form given to the board retains the hand in its habitual inclination towards the ulnar edge of the arm, accomplishing the object aimed at by Dupuytren's *attelle cubitale*, with as much certainty, with more simplicity, and more comfort to the patient. Second. The palmar block retains the hand in its habitual inclination backwards, and it gives the fingers that moderate flexion which most relieves the muscles from tension, and likewise that position which, if stiffness should result, will not only save the hand from a most inconvenient, ungraceful deformity, but will reserve to it the power of performing very many of its most frequent and useful functions. In addition to these advantages, this block contributes much to the comfort of the patient. Third. The object in covering the board with a strong fabric, as above described, is to retain

the bandage with certainty in its place, without applying it with a dangerous tightness ; for, by fastening the roller to this covering with pins, the surgeon need never have his patience tried by finding his dressing deranged, at his next visit. I can speak with confidence on this point, from having used it repeatedly in cases where this quality was fully tested. Fourth. The pasteboard is not an essentially necessary part of the splint, but it will be found to contribute to the comfort of the patient and the convenience of the surgeon.

The requisites for dressing with this splint are flannel or other soft fabric, to cover or line the inside of the splint ; two compresses ; a roller ; sometimes, but not always, a dorsal splint.

The flannel or other fabric with which the splint is lined should extend a little beyond the edge of the pasteboard, and the same piece may be extended over the palmar block ; but it will be better to cover this block with a separate piece. For this purpose take a piece of flannel large enough, when it is doubled, to cover the block. Through the doubled edge, with a proper needle, carry a small string (such as ligature-twine), and tie this around the splint immediately above the block. The covering of the block thus applied may be conveniently changed, without removing the arm from its bed.

Two compresses will generally be required : the anterior or palmar, and the posterior or dorsal. The proper construction and application of the former of these are a most important point in this dressing, and certainly not less so when long, straight splints are employed ; and deformity of the radius or wrist will most frequently result from negligence or want of skill in its use. If the compress be deficient in thickness, and the bandage be applied with its usual tightness, there will not fail to be either a curvature forwards, or a sigmoid flexure, which are the usual deformities. If the thickness of this compress be excessive, there may be a curvature backwards, which I think seldom occurs ; but there will be such undue pressure by such a compress as to increase the danger of adhesions, and to aggravate the discomfort of the patient.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 26, 1853.

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*Prisons in Canada East.* — In Canada an inspector is appointed by the government, to examine the prisons, jails, &c., and report upon the state of discipline, management, and even the expenditures. Wolfred Nelson, M.D., whose name is familiar to American ears, was inspector last year, and his report has been published. There is no place where medical men are more needed for such labor and investigations, than in the U. States, and no country in the world where they are less employed in that way. They are not even made coroners, where, of all men, they would be best qualified to accomplish the ends of justice. Dr. Nelson's report for 1852 is voluminous. Nothing seems either to have been over-



looked or neglected by the indefatigable inspector, for performing the duties of which we trust he was well paid. The document is creditable to the Canadian government. Humanity tempers the law, and all interests of the prisoner are watched over with a vigilance that insures kindness and order in the jails, penitentiaries and similar institutions of the country. Of course we cannot do any thing like giving the report of Dr. Nelson that examination which it merits. The subject of health in prisons is well discussed in some parts of the document. His observations on light, heat, ventilation, water, privies, and juvenile delinquents, are profound, and demand a future consideration.

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*Kirke & Paget's Physiology.*—A second American edition of this very useful and economical work, by men of established fame, is indicative of a growing taste for research into the philosophy of functions which belong to the living body. It is inexcusable to grope through life in this age of intelligence, and remain in ignorance of the discoveries which are constantly being made in physiology. We are startled at new combinations in mechanism, and view with pride and admiration the discovery of new principles in the arts; but those who contemplate with pleasure and reverence the beautiful harmonies in organized beings, and who look from nature up to nature's God, are indeed few in number, compared with the multitudes who entertain no marked regard for the wonders of creative power that meet us on every side. This volume is a duodecimo of 568 pages, with 165 illustrations; and one of the evidences to be adduced of its good reputation is, that Messrs. Blanchard & Lea, of Philadelphia, who rarely send forth a bad book, are the publishers. They say, in their preface, "the principal change will be observed in the introduction of a large number of new and superior illustrations, which it is hoped will render the facts advanced more easy of comprehension by the student." On account of a former notice of the character and specific claims of this excellent volume, it is unnecessary to give a description of the topics embraced in its nineteen learnedly written chapters. Students would be profited by a study of this treatise.

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*Pharmacology.*—A second number of Dr. Tully's prosperously commenced publication abounds with things that could only have originated in long study and experience, and a highly cultivated intellect. The contents embrace the consideration of the following subjects, viz.: non-absorption of medicines into the system; digestibility of medicines; transcendancy of medicines; and incompatibility of medicines, chemical and medicinal. This is a proper period for ordering the proposed series, which, from the reputation of Dr. Tully, have the prospect of an extensive circulation.

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*Dr. Bigelow's Thesis.*—The name of Bigelow is well and favorably known to the medical community, in connection with varied talents and attainments. This paragraph refers to Dr. Samuel Lee Bigelow, now residing at Paris, who will be recollected in connection with the invention of collodion, some few years ago. We have received, with his compliments—Thèse pour le Doctorat en Médecine, présentée et soutenue le 5 Aout, 1852, par Samuel Lee Bigelow, né à Boston, Etats Unis d'Amérique, docteur in médecine, &c. &c. *Recherches sur les Calculs de la*

Vessie et sur leur Analyse Micro-chimique. To the honor of the enterprising author, he has dedicated the discourse to his father and mother. "A mon pere et a ma mere. A J. W. B. Gratitude et amour fraternel." Accompanying the thesis is an atlas of eight sheets of lithographic plates, illustrating, by magnified drawings, the appearance of the crystals of uric acid, &c. &c., which is not only very novel, but it shows that young America is beginning to make exhibitions of native talent and mental activity in the midst of the most accomplished medical scholars of Europe. Some one remarked, the other day, that Dr. Bigelow would probably establish himself in Paris as a practising physician. Such a location would be a suitable one for developing those original powers which have led to high expectations among those who know him best, and who have the strongest confidence in his ability to become eminent in a profession in which there is yet so much to be learned.

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*Hand-books of Philosophy and Astronomy.*—There is an essential difference between the stars and the pulse. Although we cannot always reason philosophically in regard to medicine, or refer to the laws of natural philosophy for the solution of vital phenomena, it is quite important for every man, whether a physician or not, to possess at least a general knowledge of these sciences. They are accomplishments, if not absolutely necessary. Thoughts like these were suggested by an examination of a small volume, from the press of Blanchard & Lea, prepared by that celebrated savan, Dionysius Lardner, a man of vast attainments in science, notwithstanding the historical facts connected unfavorably with his morals. The Hand-book embraces the subjects of heat, magnetism, common electricity, and voltaic electricity, illustrated by upwards of two hundred wood engravings. In our day, medical men are continually experimenting with these mighty forces, for various purposes, and making discoveries of immense service to humanity. This book has the freshest intelligence, if settled principles can be thus denominated. It is learning made easy, and would be an appropriate addition to any medical library.

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*Anatomy and Diseases of the Horse.*—We understand that Dr. Slade, of this city, has accepted an invitation to deliver a series of lectures upon the anatomy and diseases of the horse, before the State Agricultural Society. He commences on Friday evening next, in the Hall of the Representatives at the State House.

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*Novelties in Medicine.*—There are new things in medicine, as in other departments of human knowledge; if there were not, it would be a science without progress. But very much that is novel, is not worth having. New medicines and new methods of medication, should be received with extreme caution. Life and health are too precious to be sacrificed or endangered; and no new prescription, therefore, is warrantable that has not had the approbation of a sound-minded practitioner, or been tested by the person who orders it. The leading desire should be to do good if possible, but never risk the danger of doing harm through ignorance.

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*Recipe for Royalty.*—Macaulay gives the following as the medical treatment of Charles the Second, during his last sickness. All the medical men of note were summoned, and one of the prescriptions was signed by



fourteen doctors. "He was bled largely, a hot iron was applied to the head, and a volatile salt extracted from human skulls was forced into his mouth." He survived this treatment four days.

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*Belladonna vs. Yellow Fever.* — In the voluminous proceedings of the Board of Health at Demarara, we see that Dan. Blair, M.D., Surg. General of British Guiana, addressed to the president a communication, requesting to make an experiment on the sick, the yellow fever being then extensively prevalent, with a view to establishing the fact that *extract of belladonna* is a prophylactic of extraordinary power. Here follows a part of his letter, but we are unable to say whether his plan was adopted.

"If the Board consent to a trial of this prophylactic it would be prudent to conceal from the public its experimental character, else an impaired confidence in its efficacy might cause a negligent observance of the necessary instructions. It would be well to provide printed schedules to be filled up with the name of the ship or vessel, and tonnage, the names, age, and native country of the sailors and officers subjected to treatment, and the date of the commencement and termination of the treatment, and a column for remarks. One such paper to be supplied to every vessel in the harbor by the harbor master, health officer, or superintendent of aid-waiters, or any officer appointed by the Board, which shall be re-delivered on board to such officer within fourteen days, who shall verify its statements, as far as he is able, before forwarding it to the Board. The same officer should deliver the requisite parcels of medicine to the ship-masters. It might be well to provide the pilots at the Light-ship with medicine and any instructions issued by the Board, so that ship-masters may command the use of the *protective fluid* before the vessel enters her infected moorings. The dose which I propose to give, is the *one-sixth of a grain* thrice daily, and continuous for twelve days, or until a rash appear on the skin; and to be given in the daily allowance of grog, or any beverage which in *temperance* ships may have superseded that allowance; and for the sake of certainty in the administration and accuracy in the dose it should be invariably given by the captain, or, in his absence, the mate. I propose to furnish all the medicine required from the dispensary of the public Hospital, and so mixed with water that — drops will contain exactly the one-sixth of a grain of the active ingredient; and it will be delivered to the health officer or any other officer nominated by the Board, in such quantities as may be required. I would propose that a label containing the directions for use, headed "Protective Fluid, recommended by the Central Board of Health of British Guiana, for the prevention and mitigation of fever among the shipping," be printed and pasted on each vial containing the medicine issued to the shipping.

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*Bequest to a Medical College.* — Leissing, a leading German actor, died recently. By his will, he leaves all his fortune, which was considerable, to the charitable institutions of Frankfort. In that document, he states that he has been tormented all his life with the idea of being buried alive, and, in order to avoid any risk of such a contingency, he ordered that as soon as his death should be declared by the competent medical authority, his skin should be flayed from his body from head to foot, and that the skin so taken off should be given to the Museum of Natural History of Frankfort. In his will, M. Leissing named the surgeon who should perform the

operation, and left a large sum as his compensation. The Museum was applied to, to know whether it would accept so strange a bequest; it replied affirmatively, on condition that the skin should first undergo the treatment necessary for its preservation. The Tribunal of Premiere Instance then sanctioned the will.

*Middlesex East (Mass.) Medical Association.*—This association met on Wednesday evening, the 19th, at the house of Dr. Poland, in S. Reading, and adopted a revised fee table and code of medical police. Among other things it was agreed to raise the charges for medical practice throughout the association, and to collect accounts twice a year. It was also agreed to exact *double fee* when called to take charge of obstetrical cases in the management of *irregular practitioners*.

*Medical Miscellany.*—A private school of medicine, called the New Jersey Medical Institute, has been opened at Burlington, N. J., offering flattering prospects to pupils, who are to visit the Philadelphia hospitals twice a week. — Dr. Yandell's history of the medical department of the University of Louisville, Ky., is a valuable historical document. — A letter from St. Jago de Cuba, Dec. 18th, states that since the 18th of October last, that city had lost by cholera alone, at least one-tenth of its population. Business was dull, with but little doing among the shipping, and the few cargoes recently arrived from the United States scarcely met with sale at any price. — In Salem Mass., 467 persons died in 1852: 22 of the number were 80 years old and upwards.—Influenza is prevalent at Washington, and cholera at Charleston, S. C. — One hundred and nineteen students are in attendance on the present term of lectures at the Mass. Med. College.—Cholera made its appearance at Ningpo, China, not long ago, and swept the people off with melancholy rapidity, many having died within five hours after the attack.—Dr. Hatch has organized a medical school on the eclectic plan in Boston. There are now three schools besides the regular ones—viz., the Female Medical School, the Reformed, and the Eclectic,—and each of them, we suppose, have students. — Who is the best surgical instrument maker? is a question we cannot answer.—Dr. Mattson is said to be reaping a profitable harvest from his new and much approved syringe. It is worth half a dozen circles of tolerably profitable practice. "There is a tide in the affairs of men," and this is one of them. —Ninety-three students were in attendance on the lectures of the Homœopathic College, in Philadelphia, the last term.—There were 21,458 deaths in the city of New York during the year 1852 — three persons were over 100 years of age.

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MARRIED,—At New York, Edward Shippen, M.D., U. S. N., to Miss M. K. Learning.

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DIED,—In Dover, Vt., Otis Howe, M.D., 22.

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*Deaths in Boston*—for the week ending Saturday noon, Jan. 22d, 82.—Males, 46—females, 36. Apoplexy, 1—disease of brain, 1—consumption, 16—convulsions, 1—croup, 11—dysentery, 3—dropsy, 2—dropsy in head, 5—infantile diseases, 9—puerperal, 1—erysipelas, 2—typhoid fever, 1—scarlet fever, 12—hooping cough, 1—disease of the heart, 2—disease of kidneys, 2—inflammation of lungs, 5—marasmus, 2—old age 1—rheumatism, 1—pleurisy, 2—scald, 1.

Under 5 years, 49—between 5 and 20 years, 10—between 20 and 40 years, 10—between 40 and 60 years, 8—over 60 years, 5. Born in the United States, 66—Ireland, 10—England, 1—Br. America, 3, Germany, 2. The above includes 7 deaths at the City Institutions.



*A Large Thimble in the Posterior Nares, which for some time escaped detection* — A little boy, aged two and a half years, whose name I do not now recollect, was brought to me from Pickway county, about four weeks since, for advice. The father informed me that about two weeks previously the little fellow had swallowed a thimble, or rather, that a thimble had accidentally passed into his fauces. His mother, alarmed at the symptoms of strangulation produced by the foreign body resting upon the glottis, passed her finger into his throat, and in her endeavors to secure its removal she felt it distinctly glide upwards behind the palate. The boy now breathed again with perfect ease, but being certain of its lodgment in the part alluded to, she applied to a physician, who, on examination, could not detect its presence there, and expressed his opinion that there was no foreign body in the nares. Another physician was consulted, who advised that the child be brought to me.

On examination of the fauces, I saw no indications of a foreign body. They appeared in a healthy state. The articulation, however, was abnormal. He spoke like a child with a cleft palate — the air passing freely through both nostrils. I passed a blunt hook through the mouth into the posterior nares, and detected nothing like a foreign body. I then passed a probe through both nostrils into the fauces with similar results. Convinced that the thimble was still in the nose, I passed a large silver female catheter through the right nostril, and keeping the extremity firmly pressed against the side of the posterior nares it distinctly struck a solid foreign body, which, with considerable difficulty, I pushed down into the fauces, when the child retching violently, threw a very large steel, brass bound thimble from his mouth. It seemed that the cylinder of the thimble, open at both ends, was lying parallel with the posterior nares, and firmly impacted within them, the air passing freely through this metallic tube. Its continued presence must have produced the most disastrous consequences. — *The Ohio Med. and Surg. Journal.*

*Influence of Vaccination and Re-vaccination.* — By C. HOLMAN, M.D., Reigate. — A family of four children, whose ages varied from twelve to three years, became exposed to the contagion of variola from a man (whether vaccinated or not I am not aware) failing with that disease when lodging in the house. Up to this time the parents had pertinaciously refused all attempts at vaccinating their children, with the exception of the eldest.

About the seventh day after the appearance of the disease in the lodger, the following was the state of affairs when the medical man was called in :

No. 1. The eldest, who had been vaccinated successfully when an infant, was attacked with variola, but in a very modified or varioloid form, the constitutional disturbance being but slight, and the convalescence speedy.

Nos. 2, 3, and 4, were immediately vaccinated.

Nos. 2 and 3 had vaccinia very favorably, and did *not* take variola.

No. 4 failed at the first vaccination, but on its again being tried it succeeded, and ran its usual course ; during its progress variola made its appearance in a very mitigated form : the constitutional symptoms were slight, and no trace of the child ever having had the disease remained. —

*London Lancet.*

A new work by Dr. Marshall Hall has just been published in London, on the nervous system and its diseases.













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